### **UNITED STATES DISTRICT COURT**

MIDDLE DISTRICT OF ALABAMA
OFFICE OF THE CLERK
POST OFFICE BOX 711
MONTGOMERY, ALABAMA 36101-0711

DEBRA P. HACKETT, CLERK

TELEPHONE (334) 954-3600

May 7, 2008

### **NOTICE OF CORRECTION**

From: Clerk's Office

Case Style: Charles Morrow vs. Flowers Foods, Inc., et al

Case Number: 3:07cv617-MHT

Pleading: #113 Brief Memorandum and Support of Its Motion to Compel

Notice of Correction is being filed this date to attach redacted copies of exhibits C, D, G& H to the brief referenced above. The exhibits were filed on 5/6/08 as attachments to the referenced pleading. The exhibits contained some of the parties personal information in their financial records.

The redacted copies of the exhibits are attached to this notice.

# **EXHIBIT C**

IN THE UNITED STATES DISTRICT COURT 1 2 FOR THE MIDDLE DISTRICT OF ALABAMA 3 EASTERN DIVISION 4 CASE NUMBER: 3:07-CV-617-MHT CHARLES MORROW, ET AL., Plaintiffs, 7 vs. 9 FLOWERS FOODS, INC., ET AL., 10 Defendants. 11 STIPULATION 12 IT IS STIPULATED AND AGREED by and 13 between the parties through their respective 15 counsel, that the video deposition of Michael Smith may be taken before Sara Mahler, CCR, at the Bank of Wedowee, at 3500 Highway 431, Roanoke, Alabama 36274, on the 19 24th day of April, 2008. 20 DEPOSITION OF MICHAEL SMITH 21 22 23

- 1 understanding?
- 2 A. Yes. And then I had my own.
- Q. What was the name of your own
- 4 accountant?
- 5 A. Alex Walton, Lex Walton.
- 6 Q. Does the name Frank Jones ring
- 7 a bell in connection with another accountant
- 8 that you had?
- 9 A. Ain't that the one through
- 10 Flowers?
- 11 Q. I'm asking you, do you recall
- 12 that name?
- 13 A. I can't --.
- Q. You can't recall the name --
- 15 A. Huh-uh.
- 16 Q. -- of any other accountant?
- 17 What records did you provide
- 18 Mr. Walton in connection with your
- 19 distributorship?
- 20 A. Just receipts that I -- and
- 21 showed him the bills, weekly bills, that
- 22 Flowers send.
- Q. Was that just the front page

- 1 of the weekly bills?
- 2 A. Yes.
- Q. Did you ever give Mr. Walton
- 4 the additional sheets from the weekly
- 5 bills --
- 6 A. No.
- 7 Q. -- from Flowers Opelika?
- 8 Did Mr. Walton keep the
- 9 documents that you gave to him or did he
- 10 return them to you?
- 11 A. Returned to me.
- 12 Q. Did Mr. Walton prepare your
- 13 tax returns for you?
- 14 A. Yes.
- 15 Q. Did Mr. Walton do any other
- 16 work for you other than prepare your tax
- 17 returns?
- 18 A. No.
- 19 Q. He prepared no financial
- 20 statements for you?
- 21 A. No.
- Q. Did another accountant prepare
- 23 financial statements for you in connection

- 1 with your distributorship?
- 2 A. When you say financial
- 3 records, what do you mean?
- 4 Q. Well, a record of your
- 5 distributorship's profits and losses, if
- 6 any.
- 7 A. No.
- 8 Q. You don't recall any
- 9 accountant --
- 10 A. Huh-uh.
- 11 Q. -- preparing anything like
- 12 that for you?
- 13 A. Just the one that Flowers that
- 14 where they send that quarterly sheet.
- 15 Q. And that quarterly sheet would
- 16 show your profit and your losses from your
- 17 business; is that correct?
- 18 A. Yeah. It had first quarter,
- 19 second, third, fourth.
- Q. Now, Mr. Smith, you filed tax
- 21 returns during the time period that you were
- 22 a Flowers Opelika distributor; is that
- 23 correct?

**±** /

- 1 A. Yes.
- 2 Q. And you reviewed those tax
- 3 returns before they were filed; is that
- 4 correct? You looked over them to see if
- 5 they were accurate; is that correct?
- 6 A. Yeah.
- 7 Q. To the best of your knowledge,
- 8 was the information in the tax returns that
- 9 you filed during the time that you were a
- 10 Flowers Opelika distributor accurate,
- 11 truthful, and complete?
- 12 A. Yes.
- 13 Q. And those are the tax returns
- 14 that you provided to Mr. Davis, in your
- 15 understanding, is in turn he produced those
- 16 to us; is that correct?
- 17 A. Yes.
- 18 (Whereupon, Defendant's
- 19 Exhibit 1 was marked for
- 20 identification.)
- Q. Mr. Smith, you've been handed
- 22 what's been marked for identification as
- 23 Defendant's Exhibit 1. I'd like for you to

- 1 look through that, for the Record it has
- 2 Bates numbers SMI 000410 through 447.
- 3 And take all the time you
- 4 need, Mr. Smith, to look through that
- 5 document and tell me if you can identify it.
- 6 A. (Witness complies.) Yes.
- 7 Q. Can you identify this
- 8 document?
- 9 A. These are my tax returns.
- 10 Q. These are your tax returns
- 11 federal, state, Georgia --
- 12 A. Yes
- 13 Q. -- and Alabama for 2004; is
- 14 that correct?
- 15 A. Yes.
- 16 Q. And if you'd look at the first
- 17 page, Bates number Smith 410, 000410, it
- 18 appears to be a letter to you from Alexander
- 19 G. Walton; is that correct?
- 20 A. Yes.
- 21 Q. And you received this letter
- 22 with the enclosures from Mr. Walton?
- 23 A. Yes.

- 1 Q. And the first line there says
- 2 the original should be signed at the bottom
- 3 of page two?
- 4 A. Yes.
- 5 Q. Did you do that?
- 6 A. If it says so, I did.
- 7 Q. And then you sent the original
- 8 to the Internal Revenue Service; is that
- 9 correct?
- 10 A. Yes.
- 11 Q. And these, what we have here
- 12 as Defendant's Exhibit 1, are just copies of
- 13 the original that you filed with the
- 14 Internal Revenue Service --
- 15 A. Yes.
- 16 Q. -- and the state revenue
- 17 agencies; is that correct?
- 18 A. Yes.
- 19 Q. So you signed these
- 20 documents -- First of all, your federal tax
- 21 return is page 415. I'm referring down at
- 22 the bottom of the page, right-hand corner
- 23 these little numbers, 415?

- 1 A. Uh-huh.
- Q. Catch up with me. You signed
- 3 this federal tax return under penalties of
- 4 perjury, I declare that I examined this
- 5 return and accompanying schedules and
- 6 statements, and to the best of my knowledge
- 7 they are true, correct, and complete; is
- 8 that correct?
- 9 A. Yes.
- 10 Q. So you filed this return under
- 11 penalty of perjury just as you are
- 12 testifying here today; correct?
- 13 A. Yes.
- 14 Q. And you did likewise sign the
- 15 Alabama Individual Income Tax Return under
- 16 penalty of perjury?
- 17 A. Yes.
- 18 Q. And you signed the Georgia
- 19 Department of Revenue Tax Return under
- 20 penalty of perjury as well?
- 21 A. Yes.
- Q. Let's go to page 414, which is
- 23 the first page of your U.S. Individual

- 1 Income Tax Return; is that correct?
- 2 A. 416.
- Q. 414, I'm sorry.
- A. Got it.
- 5 Q. First of all, it indicates
- 6 that Martha Smith, parent, is a dependent;
- 7 is that correct?
- 8 A. Yes, I think so.
- 9 Q. And so you provide support for
- 10 your mother; is that accurate?
- 11 A. She lives there. I'm the
- 12 household.
- 13 Q. All right. Now, on line seven
- 14 under income, it indicates wages of five
- 15 hundred and fifty-nine dollars. Is that
- 16 accurate?
- 17 A. Sounds about right.
- 18 Q. And what was the source of
- 19 your wage income in 2004?
- 20 A. What I come off the bread as I
- 21 sold.
- Q. Well, would that not be line
- 23 twelve, business income of thirty thousand,

- 1 seven hundred and seventy-nine dollars?
- 2 A. I think so.
- 3 Q. So do you know what the five
- 4 hundred and fifty-nine dollars was?
- 5 A. Not offhand.
- 6 Q. Okay. Let's go to the next
- 7 page, page 415. At the bottom of -- toward
- 8 the bottom of the page, next to the sign
- 9 here, it says your occupation, and you've
- 10 indicated salesman; is that accurate?
- 11 A. Yes.
- 12 Q. All right. Then let's turn to
- 13 the next page, page 416, profit or loss from
- 14 business, sole proprietorship. You've
- 15 represented here to the IRS that you owned a
- 16 business, and this was your net profit from
- 17 it. Is that a correct characterization?
- 18 A. Which line are you on?
- 19 Q. The entire page, page 416.
- 20 A. Okay.
- Q. Is that correct?
- 22 A. Yes.
- 23 Q. And the principle -- under A

- 1 it says the principal business or profession
- 2 is bread salesman; is that accurate?
- 3 A. Yes.
- 4 Q. And in part one under gross
- 5 receipts or sales, you've got sixty-four
- 6 thousand, three hundred twenty dollars. Is
- 7 that an accurate statement of your gross
- 8 receipts from your customers?
- 9 A. Yes.
- 10 Q. And then line five, you've got
- 11 a gross profit of sixty-four thousand, three
- 12 hundred and twenty-two dollars. Is that an
- 13 accurate statement of your gross profit of
- 14 your business from sales to your customers?
- 15 A. Yes.
- 16 Q. And then under part two, we've
- 17 got the expenses listed here, or most of the
- 18 expenses, in connection with running your
- 19 business; is that correct?
- 20 A. Yes.
- 21 Q. And this business was your
- 22 distributorship of Flowers Opelika; correct?
- 23 A. Yes.

- 1 Q. And line nine you've got car
- 2 and truck expenses of ten thousand, four
- 3 hundred and seventy-eight dollars; is that
- 4 correct?
- 5 A. Yes.
- 6 Q. And those were incurred in
- 7 connection with your business of running a
- 8 distributorship?
- 9 A. Yes.
- 10 Q. And that's the Flowers Baking
- 11 Company of Opelika distributorship; correct?
- 12 A. Yes.
- Q. What was the nature of those
- 14 car and truck expenses?
- 15 A. Fuel, upkeep.
- 16 Q. Anything else?
- 17 A. Fuel, upkeep, insurance on it.
- 18 Q. All right. Well, line fifteen
- 19 has got insurance of one thousand, nine
- 20 hundred and thirty-four dollars. Would that
- 21 be the vehicle insurance?
- 22 A. Insurance and health.
- Q. It says insurance other than

- 1 health, line fifteen.
- 2 A. I suppose so.
- 3 Q. So this would be, to your
- 4 understanding, the vehicle insurance for the
- 5 vehicle you used in --
- 6 A. Yes.
- 7 Q. -- running your business, the
- 8 distributorship --
- 9 A. Yes.
- 10 Q. -- with Flowers of Opelika?
- 11 A. Yes.
- 12 Q. And then you've got interest
- 13 other of five thousand, two hundred and
- 14 sixty-seven dollars; is that correct?
- 15 A. Yes.
- Q. Would that be interest
- 17 payments in connection with your purchase of
- 18 the distributorship business from Flowers
- 19 Baking Company of Opelika?
- 20 A. Yes.
- Q. Then on line eighteen you have
- 22 office expenses that you incurred in
- 23 connection with your distributorship

- 1 business; is that correct?
- 2 A. Yes.
- 3 Q. Of four hundred and three
- 4 dollars?
- 5 A. Yes.
- 6 Q. Tell me about those office
- 7 expenses.
- 8 A. I bought a safe so I could
- 9 keep my money in it and calculator and
- 10 papers.
- 11 Q. Where did you keep your safe?
- 12 A. It's in my bedroom.
- 13 Q. And the money that you kept in
- 14 your safe, was that from collecting cash
- 15 from cash account customers of yours?
- 16 A. Yes.
- Q. And how much -- During 2004,
- 18 on a weekly basis, how much cash did you
- 19 typically collect from your cash account
- 20 customers?
- 21 A. It varied.
- Q. What was the range, if you
- 23 recall?

- 1 A. I think about eleven hundred,
- 2 I'm not sure.
- 3 Q. About eleven hundred dollars a
- 4 week in cash --
- 5 A. Yes.
- 6 Q. -- from cash accounts?
- Was that the same in 2005,
- 8 2006, you were picking up about eleven
- 9 hundred dollars a week from cash customers?
- 10 A. Not really.
- 11 Q. What do you recall the typical
- 12 cash collection in 2005 to be from your
- 13 customers as a distributor?
- 14 A. It was all about the same.
- 15 Just about eleven hundred.
- 16 Q. I understand it varies a
- 17 little bit --
- 18 A. Yeah.
- 19 Q. -- week to week. But in 2004,
- 20 205, and 2006, as a Flowers Opelika
- 21 distributor, in connection with your
- 22 business you were collecting about eleven
- 23 hundred dollars a week --

- A. Yes.
- 2 Q. -- from your cash account
- 3 customers?
- 4 A. Yeah.
- 5 Q. And because of the -- That's a
- 6 fairly good sized chunk of money. Because
- 7 of that you bought a safe to keep the cash?
- 8 A. Yes.
- 9 Q. Any other office expenses that
- 10 are involved in this four hundred three
- 11 dollars?
- 12 A. I got a filing cabinet to keep
- 13 my papers in and my tax stuff.
- 14 Q. And, again, everything in that
- 15 filing cabinet has been given to Mr. Davis;
- 16 is that correct?
- 17 A. Yes.
- 18 Q. And since you became a
- 19 plaintiff or a party in this lawsuit, you've
- 20 thrown nothing away that was in that file
- 21 cabinet; is that correct?
- 22 A. No.
- Q. After you first spoke to

- 1 Mr. Davis, did you throw any documents
- 2 away --
- 3 A. No.
- 4 Q. -- that relate to this
- 5 distributorship of yours?
- 6 A. No.
- 7 Q. All right. Let's go back to
- 8 page 416 of Defendant's Exhibit 1. We've
- 9 got on line twenty, rent or lease in
- 10 connection with vehicles, seven thousand,
- 11 two hundred and forty-six dollars. Is that
- 12 the lease for your vehicle?
- 13 A. Yes.
- 14 Q. And that's the vehicle you
- 15 used in your business to distribute and
- 16 sell --
- 17 A. Bread.
- 18 Q. -- product to customers?
- 19 A. Yes.
- Q. And you also have under line
- 21 20-B other business property, one thousand,
- 22 three hundred and seventy-eight dollar
- 23 entry. What was that, if you recall?

- 1 A. I couldn't recall right now.
- 2 Q. But in connection with your
- 3 business, as a Flowers Opelika distributor,
- 4 you incurred four hundred and seventy-five
- 5 dollars worth of repairs and maintenance
- 6 costs; is that correct?
- 7 A. Yes.
- 8 Q. Next line, twenty-two, you've
- 9 got supplies, one thousand, sixty dollars
- 10 that you incurred in your distributorship
- 11 business; is that correct?
- 12 A. Yes.
- 13 Q. And what supplies did you
- 14 purchase that cost one thousand sixty
- 15 dollars in connection with your
- 16 distributorship business?
- 17 A. Office supply or supplies for
- 18 the truck.
- 19 Q. I'm just trying to find out
- 20 what this one thousand sixty dollars refers
- 21 to, if you know?
- 22 A. Office supplies and I bought
- 23 stuff for the truck, oil, stuff like that.

- 1 Q. What office supplies did you
- 2 buy, Mr. Smith?
- 3 A. Tablets when I need them,
- 4 basically ink pens. Most of it is where I
- 5 bought stuff for the truck.
- 6 Q. What stuff do you recall
- 7 buying for the truck?
- 8 A. Oil. And I think I bought a
- 9 set of tires for it.
- 10 Q. Can you recall any other
- 11 supplies that you bought for your
- 12 distributorship --
- A. Not offhand.
- 14 Q. -- business in 2004?
- 15 A. Not offhand. I'd have to look
- 16 on receipts.
- Q. And are those receipts
- 18 documents that you provided to Mr. Davis?
- 19 A. Yes.
- Q. Then down at the bottom here,
- 21 line twenty-seven, you've got five thousand,
- 22 three hundred and two dollars in other
- 23 expenses; correct?

- 1 A. Yes.
- Q. And those were incurred in
- 3 connection with your distributorship
- 4 business?
- 5 A. Yes.
- 6 Q. And then the total expenses,
- 7 line twenty-eight, thirty-three thousand,
- 8 five hundred and forty-three dollars in
- 9 total expenses in running your
- 10 distributorship business; is that correct?
- 11 A. Yes.
- 12 Q. And then your net profit,
- 13 taking your gross income of sixty-four
- 14 thousand, three hundred and twenty-two
- 15 dollars and subtracting your total expenses
- 16 of thirty-three thousand, five hundred and
- 17 forty-three dollars, your net profit was
- 18 thirty thousand, seven hundred and
- 19 seventy-nine dollars from your
- 20 distributorship business; is that correct?
- 21 A. Yes.
- Q. Let's turn to the next page,
- 23 417, Mr. Smith.

- 1 A. (Witness complies.)
- 2 Q. And this has got some
- 3 information that would appear about these
- 4 additional expenses. On part four, lines
- 5 forty-three and forty-four, could you
- 6 explain for me what that means?
- 7 A. When I was doing pull-ups.
- 8 Q. What are pull-ups?
- 9 A. Where I go back and stock the
- 10 shelves in my only personal vehicle.
- 11 Q. What was your personal
- 12 vehicle?
- 13 A. My pickup truck.
- 14 Q. So these are business miles in
- 15 connection with your distributorship that
- 16 you drove in your pickup truck?
- 17 A. Yes.
- 18 Q. And then on part five you've
- 19 got other expenses, accounting, two hundred
- 20 and twenty dollars is that correct?
- 21 A. That's my accountant.
- Q. That's your accountant who
- 23 prepared this tax return? And that was

- 1 incurred in connection with your
- 2 distributorship business?
- 3 A. Yes.
- 4 Q. You've got administration
- 5 costs or expenses of four hundred and ninety
- 6 dollars in connection with your
- 7 distributorship business; is that correct?
- 8 A. Yes.
- Q. What were those?
- 10 A. I think it was paying to
- 11 Flowers' accounting, I think.
- 12 Q. But you're not sure?
- A. Not sure.
- 14 Q. And the amortization, is that
- 15 the depreciation of the asset that you
- 16 purchased from Flowers Opelika, the right to
- 17 distribute branded product within a defined
- 18 geographic territory?
- 19 A. I think so.
- Q. And miscellaneous expenses are
- 21 indicated to be three hundred and
- 22 seventy-seven dollars in connection with
- 23 your distributorship; is that correct?

- 1 A. Yes.
- Q. Because it was your business;
- 3 correct?
- 4 A. Yes.
- 5 Q. And then you've got a
- 6 telephone expense of seven hundred and sixty
- 7 dollars?
- 8 A. That's my cell phone for the
- 9 year.
- 10 Q. And that was incurred in
- 11 connection -- that expense, seven hundred
- 12 sixty dollars for yor telephone, is that a
- 13 cell phone?
- 14 A. Yes.
- 15 Q. That cell phone expense of
- 16 seven hundred and sixty dollars for 2004 was
- 17 incurred in connection with your
- 18 distributorship business; correct?
- 19 A. Yes.
- Q. Why did you need a cell phone
- 21 for your distributorship business,
- 22 Mr. Smith?
- 23 A. So I can have stops call me if

- 1 they need me or I could call in.
- Q. You'd call the stops?
- 3 A. I can call -- Yes, if
- 4 something was wrong.
- 5 Q. So you would call your
- 6 customers at times to see if they needed
- 7 anything; is that correct?
- 8 A. No. If I was broke down, like
- 9 I was one morning, I called them and told
- 10 them I was late.
- 11 Q. And the customer -- your
- 12 customers could call you on your cell phone
- 13 if need be?
- 14 A. Yes.
- 15 Q. So you gave each of your
- 16 customers your cell phone number; is that
- 17 correct?
- 18 A. Some of them, not all of them.
- 19 Q. Not all of them.
- 20 And the reason you gave some
- 21 customers your cell phone number was that if
- 22 they needed you to provide additional
- 23 product --

- 1 A. They could call me.
- 2 Q. -- they could call you, and
- 3 then you could come sell it to them; is that
- 4 correct?
- 5 A. Right. Yes, sir.
- 6 Q. And then you've got uniforms
- 7 listed as an expense of your distributorship
- 8 business of ninety-nine dollars; is that
- 9 correct?
- 10 A. Yes.
- 11 Q. What uniforms did you have in
- 12 2004?
- 13 A. Those shirts and a hat.
- Q. What are those shirts?
- 15 A. Flowers Bakery or Nature's
- 16 Own.
- Q. And what was the hat?
- 18 A. I think it was a Nature's Own
- 19 hat.
- Q. And that was your choice to
- 21 buy those shirts and hat to wear them as a
- 22 Flowers distributor?
- 23 A. Yes.

- 1 Q. What pants did you typically
- 2 wear as a Flowers distributor?
- 3 A. My own.
- 4 Q. Just wear jeans?
- 5 A. Khakies.
- 6 Q. Khakies?
- 7 A. Yes.
- Q. Did you wear shorts in the
- 9 summer when it was hot?
- 10 A. Yes.
- 11 Q. But that was your choice to
- 12 wear whatever you wanted to wear; correct?
- 13 A. Yes.
- 14 Q. Now, let me ask you to turn to
- 15 page 424, which says 2004 Federal
- 16 Depreciation Schedule. Did you find it?
- 17 A. Yes.
- 18 Q. And is your understanding that
- 19 this is the depreciation for 2004 for the
- 20 asset that you'd bought in connection with
- 21 your distributorship?
- 22 A. Yes.
- Q. And the depreciation for 2004

- 1 in connection with the asset that you bought
- 2 from Flowers Opelika was three thousand, two
- 3 hundred and fifty-six dollars; correct?
- 4 A. Yes.
- 5 Q. Next, if I could ask you to
- 6 turn to page 426, which is the second page
- 7 of your Alabama Income Tax Return. And it
- 8 says under sign here: Under penalties of
- 9 perjury, I declare that I have examined this
- 10 return and accompanying schedules and
- 11 statements and to the best of my knowledge
- 12 and belief they are true, correct, and
- 13 complete. And you signed this return;
- 14 correct?
- 15 A. Yes.
- 16 Q. And under occupation, you
- 17 stated to the Alabama Income Tax authorities
- 18 that your occupation was salesman; correct?
- 19 A. Yes.
- Q. Under penalty of perjury?
- 21 A. Yes.
- Q. And then page 434, which is
- 23 your Georgia Form 500, did you sign this

- 1 form under penalty of perjury: I declare
- 2 that I have examined this return, including
- 3 accompanying schedules and statements, and
- 4 to the best of my knowledge and belief it is
- 5 true, correct, and complete?
- 6 A. Yes.
- 7 Q. Now, let me ask you to turn
- 8 your attention to page 440, it says 2004
- 9 summary sheet.
- 10 A. Okay.
- 11 Q. What is this document, if you
- 12 know?
- 13 A. I don't know.
- 14 Q. Is this a document you
- 15 prepared or your accountant prepared or do
- 16 you know?
- 17 A. I don't know, not offhand.
- 18 Q. Let's look at the next page,
- 19 Mr. Smith, 441. I ask you to take a look at
- 20 that and tell me if you can explain to me
- 21 what this document is.
- 22 A. Truck repairs, truck wash,
- 23 business supplies. I think it's the back of

- 1 one of the sheets on the checks.
- Q. Is this page, together with
- 3 page 442, the next page, a summary of
- 4 various expenses that you incurred in
- 5 operating --
- 6 A. Yes
- 7 Q. -- your distributorship
- 8 business?
- 9 A. Yes.
- 10 Q. In 2004?
- 11 A. Yes.
- 12 (Whereupon, Defendant's
- 13 Exhibit 2 was marked for
- identification.)
- 15 Q. Now, Mr. Smith, you've been
- 16 handed what's been marked for identification
- 17 as Defendant's Exhibit 2. And I'd ask you
- 18 to review that document.
- 19 For the Record, it's Bates
- 20 labeled SMI 000448 through SMI 000489.
- 21 A. Yes.
- Q. Have you had a chance to look
- 23 through this document, Mr. Smith?

- 1 A. I am now.
- 2 Q. Let me know when you finish.
- 3 A. Okay.
- 4 Q. Have you had a chance to look
- 5 through Defendant's Exhibit 2?
- 6 A. Yes.
- 7 Q. And is this an accurate copy
- 8 of your 2005 Federal, Alabama, and Georgia
- 9 tax returns?
- 10 A. Yes.
- 11 Q. I'd like to go through this
- 12 document with you as well, Mr. Smith.
- 13 First, let's turn to the second page, page
- 14 449, line twelve. Is it correct, as
- 15 reflected in this document, that you
- 16 received business income in 2005 of thirty
- 17 thousand, two hundred and thirty-two dollars
- 18 from your Flowers Opelika distributorship
- 19 business?
- 20 A. Yes.
- Q. And then on page -- the next
- 22 page, 450, second page of your federal
- 23 return?

- 1 A. Uh-huh.
- Q. It says: Sign here under
- 3 penalties of perjury. I declare that I've
- 4 examined this return and accompanying
- 5 schedules and statements, and to the best of
- 6 my knowledge and belief, they are true,
- 7 correct, and complete.
- 8 Did you sign this document
- 9 under penalty of perjury, Mr. Smith?
- 10 A. Yes.
- 11 Q. And under your occupation, you
- 12 indicated that you were a salesman; correct?
- 13 A. Yes.
- Q. And then let's look at the
- 15 next page, page 451, profit or loss from
- 16 business, sole proprietorship. You've
- 17 represented to the IRS here that you're an
- 18 independent businessman and your principal
- 19 business or profession is bread salesman;
- 20 correct?
- 21 A. Yes.
- Q. And under part one, line one,
- 23 you represented to the IRS that your gross

- 1 receipts or sales was sixty-five thousand,
- 2 three hundred and forty-six dollars in
- 3 connection with your distributorship
- 4 business?
- 5 A. Yes.
- 6 Q. And you've got on line four,
- 7 cost of goods sold, negative twenty dollars.
- 8 What is that, if you know?
- 9 A. I'd have to look at my
- 10 receipts.
- 11 Q. What are those receipts that
- 12 you would have to look at?
- 13 A. See what that was, a negative
- 14 twenty dollars.
- 15 Q. And are those receipts
- 16 included in the documents you provided to
- 17 Mr. Davis?
- 18 A. Yes.
- 19 Q. And could you describe
- 20 generally what those receipts would be?
- 21 What would they be receipts of?
- 22 A. Say that one more time.
- 23 Q. Could you describe what type

- 1 of receipts those are that you would need to
- 2 look at?
- 3 A. I have my regular receipts,
- 4 gas, fuel, where I had to buy stuff.
- 5 Q. And then line five, gross
- 6 profit, you state as sixty-five thousand,
- 7 three hundred and sixty-six dollars from
- 8 your distributorship business; is that
- 9 correct?
- 10 A. Yes.
- 11 Q. And other income of three
- 12 hundred dollars. Do you know what the other
- 13 income is from your business?
- 14 A. No.
- 15 Q. Do you have any documents you
- 16 could refer to to tell you what that other
- 17 income is?
- 18 A. I'd have to look to see.
- 19 Q. But all of those documents
- 20 would be in the possession of your attorney,
- 21 Mr. Davis?
- 22 A. Yes.
- Q. And then part two has expenses

- 1 incurred in connection with your running
- 2 your distributorship business; is that
- 3 correct?
- A. Yes.
- 5 Q. And you incurred in 2005,
- 6 twelve thousand, one hundred and sixty-nine
- 7 dollars in your car and truck expenses in
- 8 connection with your distributorship
- 9 business; is that correct?
- 10 A. Yes.
- 11 Q. And line fifteen, you've
- 12 represented to the IRS under penalty of
- 13 perjury that you incurred one thousand, nine
- 14 hundred and eighty-four dollars in insurance
- 15 expenses in connection with your
- 16 distributorship business; correct?
- 17 A. Yes.
- 18 Q. Line 16B, you have other
- 19 interest of five thousand, three hundred and
- 20 forty-four dollars incurred in connection
- 21 with running your distributorship business;
- 22 is that correct?
- 23 A. Yes.

## 

- 1 A. Yes.
- 2 Q. How about Friday, what time
- 3 did you --
- 4 A. Same as Tuesdays.
- 5 Q. Two to 2:30 p.m. on Fridays?
- 6 A. Yeah.
- 7 Saturdays I get through about
- 8 twelve, and I'd sit and just stand around
- 9 the warehouse for about an hour, and then go
- 10 back and do a pull-up so I wouldn't go back
- 11 so early on Saturdays.
- 12 Q. And how long did the pull-ups
- 13 take?
- 14 A. It's according to how the
- 15 store's selling. If they didn't sell
- 16 nothing, twenty minutes; if they sold a lot,
- 17 longer than that.
- 18 Q. So there's no real way to
- 19 estimate it, it just varied?
- 20 A. Yeah.
- 21 Q. How many accounts did you do
- 22 pull-ups at?
- 23 A. Three.

#### 

- 1 Q. And how many days a week did
- 2 you do pull-ups?
- A. As many times as I could.
- Q. And you did that to increase
- 5 the sales of the stores?
- 6 A. Yes.
- 7 Q. And so typical week, again
- 8 with territory 2100, how many times a week
- 9 did you do pull-ups at your accounts?
- 10 A. Like I said, six or seven
- 11 times.
- 12 Q. So some days did you do more
- 13 than one pull-up?
- 14 A. Huh-uh. One a day.
- 15 Q. You'd try to do one pull-up a
- 16 day at these three accounts?
- 17 A. Yes.
- 18 Q. What were those three
- 19 accounts?
- 20 A. Piggly Wiggly in Franklin,
- 21 Piggly Wiggly in Hogansville, and Ingles.
- 22 Q. Those are your three largest
- 23 accounts?

# **SMITH DEFENDANT'S EXHIBIT**

April 6, 2005

MICHAEL S SMITH
1
LAFAYETTE, AL 36862

Dear Michael,

Enclosed is your 2004 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. No tax is payable with the filing of this return. There is an overpayment of \$1,226, of which \$1,226 has been applied to your 2005 estimated tax.

Mail your Federal return on or before April 15, 2005 to:

## INTERNAL REVENUE SERVICE ATLANTA, GA 39901-0002

The contribution to your traditional IRA for 2004 is \$500. To ensure that your contribution is allowable, \$500 must be deposited to your account on or before April 15, 2005.

Enclosed is your 2004 Alabama Individual Income Tax Return. The original should be signed at the bottom of page two. As I do not file electronically, you MUST also sign the "opt out" statement on the front of the return. No tax is payable with the filing of this return. You will receive a refund of \$1,122.

Mail your Alabama return on or before April 15, 2005 to:

## ALABAMA DEPARTMENT OF REVENUE P.O. BOX 154 MONTGOMERY, AL 36135-0001

Enclosed is your 2004 Georgia Individual Income Tax Return. The original should be signed at the bottom of page two. There is a balauce due of \$1,285.

Mail your Georgia return and payment voucher on or before April 15, 2005 and make your check payable to:

GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER P.O. BOX 740399 ATLANTA, GA 30374-0399

Your 2005 estimated tax payment schedule is listed below. Mail your payments to the address shown on your estimated tax payment vouchers.

| Case 3:07- | cv-00617-MHT-TFM<br>Due Date | Doc | cument 114-2 | Filed 05/0 | 7/2008 | Page 40 | of 80 |
|------------|------------------------------|-----|--------------|------------|--------|---------|-------|
|            | 4/15/05                      | \$  | 0            | 4/15/05    | \$     | 320     |       |
|            | 6/15/05                      |     | 0            | 6/15/05    |        | 320     |       |
|            | 9/15/05                      |     | 574          | 9/15/05    |        | 320     |       |
|            | 1/17/06                      |     | 600          | 1/16/06    |        | 320     |       |
|            |                              |     |              |            |        |         |       |
|            |                              | \$  | 1,174        |            | \$     | 1,280   |       |

Please be sure to call if you have any questions.

Sincerely,

Alexauder G. Walton Jr.

## MICHAEL S SMITH

### **FEDERAL FORMS**

Form 1040 Form 1040-ES Schedule C

2004 U.S. Individual Income Tax Return **Estimated Tax Payment Vouchers** 

**Profit or Loss From Business** 

Form 5329 Additional Taxes on Retirement Plans Form 8880

**Qualified Retirement Savings Contributions Credit** 

**Vehicle Expense Worksheet Depreciation Schedules** 

#### **ALABAMA FORMS**

Form 40

Schedule A Schedule B & CR Schedule C

2004 Alabama Individual Income Tax Return Alabama Schedule A - Itemized Deductions Interest and Dividend Income and Schedule CR

**Profit or Loss From Business Alabama Depreciation Schedules** 

#### **GEORGIA FORMS**

Form 500

2004 Georgia Individual Income Tax Return

Form 500ES Form 525-TV **Estimated Tax Vouchers** Payment Voucher

#### **FEE SUMMARY**

**Preparation Fee** 

240.00

**Amount Due** 

240.00

<sup>\*\*\*</sup>All invoices for Tax Returns due upon receipt.\*\*\*

Case 3:07-cv-00617-MHT-TFM Document Michael s Sinitial 05/07/2008 Page 42 of 80
4/06/05

Federal

| Payment<br>Number | Date Due | 2004 Overpayment<br>Credit Applied | Balance Due | Check or money order number<br>or credit card confirmation number | Amount Paid<br>(do not include any credit<br>card convenience fee) | Date paid |
|-------------------|----------|------------------------------------|-------------|---|--|-----------|
| 1                 | 4/15/05  | 600.                               |             |   |  |           |
| 2                 | 6/15/05  | 600.                               |             |   |  |           |
| 3                 | 9/15/05  |                                    | 574.        |   |  |           |
| 4                 | 1/17/06  |                                    | 600.        |   |  |           |
| 5                 |          |                                    |             |   |  |           |
| 6                 |          |                                    |             |   |  |           |
| 7                 |          |                                    | •           |   |  |           |
| 8                 |          |                                    |             |   |  |           |
| Tota              | l        | 1,226.                             | 1,174.      |   |  |           |

State: Georgia

### State

| Payment<br>Number | Date Due | 2004 Overpayment<br>Credit Applied | Balance Due | Check or money order number<br>or credit card confirmation number | Amount Paid<br>(do not include any credit<br>card convenience fee) | Date paid |
|-------------------|----------|------------------------------------|-------------|---|--|-----------|
| 1                 | 4/15/05  |                                    | 320.        |   |  |           |
| 2                 | 6/15/05  |                                    | 320.        |   |  |           |
| 3                 | 9/15/05  |                                    | 320.        |   |  |           |
| 4                 | 1/16/06  |                                    | 320.        |   |  |           |
| 5                 |          |                                    |             |   |  |           |
| 6                 |          |                                    |             |   |  |           |
| 7                 |          | ·                                  |             |   |  |           |
| 8                 |          |                                    |             |   |  |           |
| Total             |          |                                    | 1,280.      |   |  |           |

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2005 tax return.

| Label                           | Your first name   | MI Last   | name   |  | You                        | r social security number                         |
|---------------------------------|---|---|--|--|----------------------------|--|
| 3.07trctv=000                   | MICHARLTSTSMUTH   | Document 114  | 4-2 Filed                                    | 05/07/2008                                     | Page_4                     | 13_of 80   |
| Use the                         | If a joint return, spouse's first name                                      |   | name   |  |                            | use's social security number                     |
| IRS label.                      |   |   |  |  |                            | •  |
| Otherwise, please print         | Home address (number and street). I   | f you have a P.O. box, see in                           | structions.                                  | Aparlment                                      | no.                        | Important!                                       |
| or type.                        |   | <del></del>   |  |  | Yo                         | u must enter vour soci                           |
|                                 | City, town or post office. If you have                                      | a foreign address, see instruc                          | ctions.                                      | State ZIP code                                 | se                         | curity number(s) above                           |
| Presidential                    | LAFAYETTE, AL 368   | 62  |  |  |                            |  |
| Election<br>Campaign            |   |   |  |  | You                        | Spouse   |
| (See instructions.)             | Note: Checking 'Yes' will Do you, or your spouse it                         | I not change your tax<br>If filing a joint return.      | or reduce your retu<br>want \$3 to go to thi | ind.<br>is fund? ► [                           | Yes X                      |  |
| Filing Status                   | 1 Single  | . mang a jourt journi,                                  |  | Head of household (w                           |                            |  |
| Filing Status                   |   | (even if only one had incom                             |  | instructions.) If the quibut not your dependen | alifying per               | son is a child                                   |
| <b>A</b>                        |   | tely. Enter spouse's SSN abo                            |  | but not your depender<br>name here.            | nt, enter th               | s child's  |
| Check only one box.             | name here.  | wy. Lines spouses som au                                | 5 []   |  |                            | Man total at a N                                 |
|                                 |   | ·   |  | Qualifying widow(er) with d                    |                            |  |
| Exemptions                      |   |   |  | not check box 6a                               |                            | Boxes checked<br>on 6s and 6b                    |
|                                 | b Spouse  |   |  |  | <u></u>                    | _ No. of children                                |
|                                 | c Dependents:   |   | (2) Dependent's                              | (3) Dependent's                                | (4) √ #                    | on 6c who:                                       |
|                                 |   |   | social security<br>number                    | relationship<br>to you                         | child for child            | ■ lived<br>g with you                            |
|                                 | (1) First name  | Last name   | , idilibei                                   | 10 700   | tax credit<br>(see instrs) | did not  |
|                                 |   |   |  |  |                            | due to divorce                                   |
|                                 |   |   | 1  | - ( 3  |                            | or separation<br>(see instrs)                    |
| If more than                    | •   |   |  | 7  | ╁╌┼┤                       | — Dependents<br>on 6c not                        |
| four dependents,                |   |   | 79.5   |  | ╁┷                         | _ entered above .                                |
| see instructions.               | A 444   |   | , " * X                                      |  | <u> </u>                   | Add numbers<br>on lines                          |
|                                 | d Total number of exer  | nptions claimed   |  |  |                            | abova  |
| Income                          | 7 Wages, salaries, tips   | , etc. Attach Form(s)                                   | W-2  |  | <u>7</u>                   | 559  |
| IIICOME                         | 8 a Taxable interest. Alta  | ich Schedule B if requ                                  | بر ared                                      |  |                            |  |
|                                 | b Tax-exempt interest.  | Do not include on lin                                   | e <b>Ş</b> a                                 | 8b   |                            |  |
| Attach Form(s)                  | 9a Ordinary dividends. A  | Attach Schedule B if re                                 | equired. المرابع equired                     |  | 9a                         |  |
| W-2 here. Also<br>attach Forms  | b Qualiti divs<br>(see instrs)  | ***************   |  | 9b   | 3.                         | 8  |
| W-2G and 1099-R                 | 10 Taxable refunds, credits, or   |   |  |  |                            |  |
| if tax was withheld.            | 11 Alimony received   |   |  |  | 11                         |  |
| If you did not                  | 12 Business income or (   | loss). Attach Schedul                                   | e C or C-EZ                                  |  |                            | 30,779   |
| get a W-2,                      | 13 Capital gain or (loss). Att S  | sch D if reqd. If not reqd, ck                          | chere  |  | 13                         |  |
| see instructions.               | 14 Other gains or (losse  | s). Atlach Form 4797.                                   |  |  | 14                         |  |
|                                 | 15a IRA distributions 16a Pensions and annuiti                              |   |  | xable amount (see ins                          |                            |  |
|                                 |   |   |  | xable amount (see ins                          | irs) 161                   | 43   |
| Encinea hit da                  | <ul><li>17 Rental real estate, ro</li><li>18 Farm income or (loss</li></ul> | yanies, parinersnips, l<br>). Attach Sabadula C         | a corporations, trus                         | sis, etc. Attach Schedu                        | le E . 17                  |  |
| Enclose, but do not attach, any | 19 I Inamplement come   | o musur achequie F.<br>ensation                         | •••••  | •        |                            | <del>                                     </del> |
| payment. Also,                  | 19 Unemployment comp<br>20 a Social security benefits                       | 20.4  |  |  | 19                         |  |
| please use<br>Form 1040-V.      |   |   |  |  |                            |  |
|                                 | 22 Add the amounts in the   | far right column for lin                                | es 7 through 21 Thu                          | to your total large.                           | ≥ 21                       | 21 547   |
|                                 |   |   |  |  | 22                         | 31,541   |
| Adjusted                        |   | •   | ,  | 23   |                            |  |
| Gross                           | 24 Certain business expenses<br>government officials. Attacl                | ol reservists, performing ari<br>1 Form 2106 or 2106-EZ | osts, and fee-basis                          | 24   |                            |  |
| ncome                           | 25 IRA deduction (see in  |   |  | ***************************************        | :00                        |  |
|                                 | 26 Student loan interest  |   |  |  | 500.                       |  |
|                                 | 27 Tuition and fees dedu  |   |  | 26   |                            |  |
|                                 | 28 Health savings accou   |   |  | 27   |                            |  |
|                                 | 29 Moving expenses. All   |   |  | 28   |                            |  |
|                                 | 30 One-half of self-emplo   |   |  | 29   | — <b>III</b>               |  |
|                                 | 31 Self-employed health   | upriterit tak. Attacil 50                               | (con instra)                                 | 30   | B                          |  |
|                                 |   |   |  | 31   |                            |  |
|                                 | 32 Self-employed SEP, 9 33 Penalty on early with                            | drawal of socioos                                       | pia115                                       | 32   |                            | Ĭ  |
|                                 | 34a Alimony paid b Recipient's  |   |  | 33   | <u>17.</u>                 |  |
|                                 | 35 Add tines 23 through 34a.  |   |  | 34a  |                            |  |
|                                 | 36 Subtract tion 25 form  | line 22. This is now a                                  |  |  | 35                         | 517  |
|                                 | 36 Subtract line 35 from  | nne ZZ. This is your a                                  | ajusted gross inco                           | me   | ► 36                       | 31,024   |

Standard b If your spouse itemizes on a separate return, or you were a dual-status Deduction Alien, see instructions and check here 14-2 Filed 05/07/2008 Itemized deductions (from Schedule A) or your standard deduction (see left margin). People who of 80 Case 39 7.150. checked any box Subtract line 39 from line 37...... 40 23,874. on line 38a or If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions......... 38b or who can 41 6,200. be claimed as a Taxable income. Subtract line 4) from line 40. dependent, see 42 If line 41 is more than line 40, enter -0-.... 17,674. instructions. 43 Tax (see instrs). Check if any tax is from; a Form(s) 8814 b Form 4972 43 2,141. · All others: 44 Alternative minimum tax (see instructions), Attach Form 6251. 44 0. Single or Married 45 Add lines 43 and 44..... 45 2,141. filing separately, \$4,850 46 Foreign tax credit. Attach Form 1116 if required.......... 47 Credit for child and dependent care expenses. Attach Form 2441..... 47 Married filing 48 Credit for the elderly or the disabled. Attach Schedule R.... 48 jointly or Qualifying 49 Education credits. Attach Form 8863..... 49 widow(er), 50 Retirement savings contributions credit. Attach Form 8880. 50 46. \$9,700 51 Child lax credit (see instructions)..... 51 Head of 52 Adoption credit. Altach Form 8839..... 52 household, \$7,150 53 Credits from: **a** Form 8396 **b** Form 8859..... 53 54 Other credits. Check applicable box(es): a | Form 3800 b Form c Specify 54 55 Add lines 46 through 54. These are your total credits..... 55 46. 56 Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-2,095. 57 Self-employment tax. Attach Schedule SE..... 57 Other 58 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 58 **Taxes** 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . 59 Advance earned income credit payments from Form(s) W-2...... 60 Household employment taxes. Attach Schedule H..... 61 62 Add lines 56-61. This is your total tax. . . ▶ 62 2.099. 63 Federal income tax withheld from Forms W-2 and 1099..... **Payments** 64 2004 estimated tax payments and amount applied from 2003 return....... 64 3,325 If you have a 65 a Earned income credit (EIC)..... qualitying 65 a child, attach b Nontaxable combat pay election. . . . . 65 b Schedule EIC. 66 Excess social security and tier 1 RRTA tax withheld (see instructions). 66 Additional child tax credit. Attach Form 8812...... 67 Amount paid with request for extension to file (see instructions) 68 Other pmts from: a Form 2439 b Form 4136 c Form 8885 Add lines 63, 64, 65a, and 66 through 69. 70 These are your total payments...... 3,325. 71 If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid Refund 71 1,226. 72 a Amount of line 71 you want refunded to you..... 72a Direct deposit? See instructions ▶ b Routing number. ..... c Type: Checking Savings and fill in 72b, d Account number. . . . . . 72c, and 72d. 73 Amount of line 71 you want applied to your 2005 estimated tax ..... 1,226. Amount 74 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions...... You Owe 75 Estimated tax penalty (see instructions)...... Do you want to allow another person to discuss this return with the IRS (see instructions)? . . . . . . . X Yes. Complete the following. Third Party Designee's - Preparer Personal identification number (PIN) Designee Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and bolled, they are true, correct, and complete. Declaration of preparer (other than (axpayer) is based on all information of which preparer has any knowledge. Sign Here Your signature Your accupation Daylime phone number Joint return? See instructions. SALESMAN Spouse's signalure. If a joint return, both must sign. Date Кеер а сору Spouse's occupation for your records. Alexander G. Walton Jr. 4/06/05 | Check if self-employed Paid Alexander G. Walton, Jr., CPA PC Preparer's Firm's name (or yours if self-employed) Use Only EIN address, and ZIP code Phone no.

Form 1040 (2004)

| Nam | e of proprietor  |  | tures, etc, must the Form 1965 or 1065-E<br>- See Instructions for Schedule Coron |                   |             | mber (SSH)          |
|-----|--|--|---|-------------------|-------------|---------------------|
|     | CHAEL S SMITH  |  |   | :                 |             |                     |
| A   | Principal business or profession, including  | product or service (see instructions)                        |   | B En              | er code iro | m instructions      |
|     | BREAD SALESMAN   |  |   | <b>►</b> 7        | 22300       |                     |
| С   | Business name. If no separate business n   |  |   | D Em              | ployer ID n | umber (EIN), if any |
|     | FLOWERS BAKING BREA  |  |   |                   |             |                     |
| E   | Business address (inclinding suite or room Cky, lown or post office, state, and ZIP co   | no.)   |   |                   |             |                     |
| F   | Accounting method: (1) X   | Cash (2) Accrual   | (3) Other (specify) >   |                   |             |                     |
| G   | Did you 'materially participate' i   | in the operation of this busin                               | ness during 2004? If 'No,' see instruction  | s for limi        | on loss     | es. X Yes           |
| H   | If you started or acquired this b  | usiness during 2004, check                                   | here  |                   | <b>.</b>    | <b>-</b>            |
| 23  | Income   |  |   |                   |             |                     |
| 1   | Gross receipts or sales. Caution Statutory employee' box on the                          | n. If this income was reported to form was checked, see the  | ed to you on Form W-2 and the e instructions and check here                       | - X               | 1           | 64,                 |
| 2   | Returns and allowances   |  |   |                   | . 2         |                     |
| 3   | Subtract line 2 from line 1  |  |   |                   | . 3         | 64,                 |
| 4   | Cost of goods sold (from line 42   | 2 on page 2)   |   |                   | . 4         |                     |
| _   | <b>.</b>   |  |   |                   |             |                     |
| _   |  |  |   |                   |             | 64,                 |
| 6   | Other income, including Federal  | and state gasoline or fuel                                   | lax credit or refund  | • • • • • • •     | 6           |                     |
| -   | Gunna Eugania Add Noon Proof   | _  |   |                   |             | 4.2                 |
| 7   | Expenses. Enter ext  | 6  |   | <u></u>           | 7           | 64,                 |
| -   |  | penses for business use of                                   |   |                   | т т         |                     |
| ٥   | Advertising  | 8  | 19 Pension and profit-shanng plans  |                   | 19          |                     |
| 9   | Car and truck expenses   | 10 420   | 20 Rent or lease (see instructions):  |                   |             |                     |
| 10  | (see instructions)   |  |   |                   | 20a         | 7,                  |
|     | Commissions and fees   | 10   | b Other business property   |                   | 20b         | 1,                  |
| 17  | Contract labor (see instructions)  | 11   | 21 Repairs and maintenance  |                   | 21          |                     |
| 12  | Depletion  | 12   | 22 Supplies (not included in Part III 23 Taxes and licenses                       |                   | 22          |                     |
| _   | Depreciation and section   | 14   |   |                   | 23          | <del> </del>        |
| ,,, | 179 expense deduction  |  | 24 Travel, meals, and entertainmen  |                   | 1990        |                     |
|     | (not included in Part III) (see instructions)  | 13   | a travel.   | • • • • • • • •   | 24a         |                     |
|     | •  |  | b Mea's and entertainment   |                   | 1           |                     |
| 14  | Employee benefit programs (other than on line 19)  | 14   | c Enter nondeduc-   |                   | +           |                     |
| 15  | Insurance (other than health)  | 15 1,934   | tible amount in-  |                   |             |                     |
| 16  | Interest:  |  | cluded on line 24b (see instrs)   |                   |             |                     |
|     | Mortgage (paid to banks, etc)  | 16a  | d Subtract line 24c from line 24h.  |                   | 24d         |                     |
| ł   | Other  | 16b 5, 267   | <del></del> 1   |                   | 25          |                     |
| 17  | Legal & professional services  | 17   | 26 Wages (less employment credits   | <b>)</b> ,        | 26          |                     |
| 18  | Office expense   | 18 403   |   |                   | 27          | 5,                  |
| 28  | Total expenses before expenses   | for business use of home.                                    | Add lines 8 through 27 in columns   |                   | 28          | 33,                 |
| 29  | Tentative profit (loss). Subtract i  | ine 28 from line 7   |   |                   | 20          | 20                  |
|     |  |  | · · · · · · · · · · · · · · · · · · ·   | • • • • • • • • • | 29          | 30,                 |
| 31  | Net profit or (loss). Subtract line  | 30 from line 29  |   | ••.               | 30          |                     |
| •   |  |  |   |                   |             |                     |
|     | <ul> <li>If a profit, enter on Form 1040<br/>employees, see instructions). Es</li> </ul> | l, line 12, and also on Sche<br>lates and trusts, enter on F | dule SE, line 2 (statutory  |                   | 21          | 20                  |
|     | • If a loss, you must go to line :   |  |   | ••                | 31          | 30,                 |
| 32  |  |  | ment in this activity (see instructions).   |                   |             |                     |
|     |  | ioss on Form 1040, line 12.                                  | and also on Schedule SF line 2  | 7                 | 32 a 「      | - All investme      |
|     | 2 , ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,   | ,  | ALL ALL COLD TOTAL MID OF   | <u> </u>          | عد ا        | jalnsk.             |
|     |  |  |   | 1                 |             | Some invest         |

|              | If 'Yes,' attach explanation   | ·              | Yes                         |
|--------------|--|----------------|-----------------------------|
| 3:07         | Hoventagatheginhing of year. Wir difference from the Tyle at a closing inventilled 05/07/2008 Page attach explanation  | 46<br>35       | of 80                       |
| 36           | Purchases less cost of items withdrawn for personal use  | 36             |                             |
| 37           | Cost of labor. Do not include any amounts paid to yourself   | 37             |                             |
| 38           | Materials and supplies   | 38             |                             |
| 39           | Other costs  | 39             |                             |
| 40           | Add lines 35 through 39.   | 40             |                             |
| 41           | Inventory at end of year   | 41             |                             |
| 42           | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4   | 42             |                             |
|              | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file  | s on<br>e Fori | line 9 and are n<br>n 4562. |
|              | When did you place your vehicle in service for business purposes? (month, day, year)   1/02/02   |                |                             |
|              | Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle during 2004, enter the number of miles you |                | or:                         |
| 45           | . Do you (or your spouse) have another vehicle available for personal use?   | • • • • •      | X Yes                       |
| 46           | Was your vehicle available for personal use during off-duly hours?   |                | X Yes                       |
| 47 a         | Do you have evidence to support your deduction?  | . <b></b> .    | X Yes                       |
| b            | If 'Yes,' is the evidence written?   |                | X Yes                       |
|              | Other Expenses, List below business expenses not included on lines 8-26 or line 30.  |                |                             |
| Acc          | punting  |                |                             |
| Adm          | inistration  |                |                             |
|              | ctization  |                |                             |
|              | cellaneous   |                |                             |
|              | Lef Driver   |                |                             |
| <u>Tel</u> e | ephone   |                |                             |
| Uni          | forms  |                |                             |
|              |  |                |                             |
|              |  |                |                             |
| 4R           | Total other expenses. Enter here and on page 1, line 27.   | 40             |                             |
|              | The variety was the state of th | 48             | 5,                          |

(Including IRAs), and Other Tax-Favored Accounts Case 3:07-cv-00617-MH7 Document 1141 to For Fill 64d, 05/07/2008 Page 47 of See separate instructions. Name of individual subject to additional tax, if married filling jointly, see the instructions. Your social security number MICHAEL S SMITH Home address (number and street), or P.O. box if mail is not delivered to your home Apartment number Fill in Your Address Only If You Are Filing This Form by Itself and City, town or post office State ZIP code **Not With Your** If this is an amended Tax Return return, check here ... If you only owe the additional 10% tax on early distributions, you may be able to report this tax directly on Form 1040. line 59, without filling Form 5329. See the instructions for Form 1040, line 59. Rate Additional Tax on Early Distributions Complete this part if you took a taxable distribution, before you reached age 59-1/2, from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Form 1040—see above). You also may have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions (see instructions). 1 Early distributions included in income. For Roth IRA distributions, see instructions. 43. 2 Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: . 3 Amount subject to additional tax, Subtract line 2 from line 1..... 3 43. 4 Additional tax. Enter 10% (.10) of line 3, include this amount on Form 1040, line 59... 4 Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10% (see instructions). Raddle Additional Tax on Certain Distributions From Education Accounts Complete this part if you included an amount in income, on Form 1040, line 21, from a Coverdell education savings account (ESA) or a qualified turtion program (QTP). 5 Distributions included in income from Coverdell ESAs and QTPs.... 6 Distributions included on line 5 that are not subject to the additional tax (see instructions)...... 6 7 Amount subject to additional tax. Subtract line 6 from line 5..... 7 8 Additional tax. Enter 10% (.10) of line 7. Include this amount on Form 1040, line 59. 陽纖測圖 Additional Tax on Excess Contributions to Traditional IRAs Complete this part if you contributed more to your traditional IRAs for 2004 than is allowable or you had an amount on line 17 of your 2003 Form 5329. 9 Enter your excess contributions from line 16 of your 2003 Form 5329 (see instructions). If zero, go 9 10 If your traditional IRA contributions for 2004 are less than your maximum allowable contribution, see instructions, Otherwise, enter -0-11 2004 traditional IRA distributions included in noome (see instructions)...... 11 13 Add lines 10, 11, and 12..... 13 14 Prior year excess contributions. Subtract line 13 from line 9. If zero or tess, enter -0-14 15 Excess contributions for 2004 (see instructions)..... 15 16 Total excess contributions. Add lines 14 and 15 ..... 16 Additional tax. Enter 6% (.06) of the smaller of line 16 or the value of your traditional IRAs on December 31, 2004 (including 2004 contributions made in 2005). Include this amount on Form 1040, line 59 Bart Additional Tax on Excess Contributions to Roth IRAs Complete this part if you contributed more to your Roth IRAs for 2004 than is allowable or you had an amount on line 25 of your 2003 Form 5329. 18 Enter your excess contributions from line 24 of your 2003 Form 5329 (see instructions). If zero, go to line 23, 18 19 If your Roth IRA contributions for 2004 are less than your maximum allowable 21 22 Prior year excess contributions, Subtract line 21 from line 18. If zero or less, enter -0-22

23 Excess contributions for 2004 (see instructions).....

24 Total excess contributions. Add lines 22 and 23.....

Additional tax. Enter 6% (.06) of the smaller of line 24 or the value of your Roth IRAs on December 31, 2004 (including 2004 contributions made in 2005). Include this amount on Form 1040, line 59

23

24

25

Case 3 THAT THAT TEM Document 114-2 Filed 05/07/2008 Page CAUTION: You cannot take this credit if either of the following applies.

The amount on Form 1040, line 37, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).

• The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1987, (b) is claimed as a dependent on someone else's 2004 tax return, or (c) was a student (see instructions).

|   |  |  |  |   |                           | (a) You                                    |             | (b) Your spous |
|---|--|--|--|---|---------------------------|--|-------------|----------------|
|   | Traditional and Rol<br>rollover contribution   | th IRA contributions   | s for 2004. Do not II  |   |                           | 5  | 00.         |                |
|   | Elective deferrals t   | o a 401(k) or other  | qualified employer<br>8)(D) plan contribut   | plan, voluntary   |                           |  |             |                |
|   |  |  |  |   |                           | 5  | 00.         |                |
| ( | Certain distribution<br>extensions) of your<br>include both spous  | s received <b>after</b> 20<br>2004 tax return (sees' amounts in <b>bo</b>  | 01 and before the disee instructions). If it the columns, See ins                              | due date (including<br>married filing jointly<br>structions for | ,                         |  | 43.         |                |
|   |  |  | less, enter -0   |   |                           |  | 57.         |                |
| ļ | In each column, er   | iter the smaller of  | line 5 or \$2,000  |   | . 6                       | 4  | 57.         |                |
| , | Add the amounts o  | n line 6. If zero, st  | to <b>p</b> ; you cannot take  | e this credit   |                           |  | <b>7</b>    | 45             |
| 6 | Enter the applicabl  | e decimal amount   | shown below;   |   |                           |  |             |                |
| Γ | If fine  | 8 is—  |  | And your filing st  | atus is-                  | ······································     | 7           |                |
| ſ | _  | But not  | Married filing jointly   | Head of household   | Single, Ma                | arried filing                              |             |                |
|   | Over-  |  | ,,,,,,,,,,   | 1   | separa                    | itely, or                                  |             |                |
|   | Over-  | over-  | 1  | n line 9—   | Qualifying                | widow(er)                                  |             |                |
|   | •••  | over<br>\$15,000   | Enter or   | i<br>n line 9—<br>.5  | Qualifying                | widow(er)<br>5                             |             |                |
|   | \$15,000   | 915,000<br>\$16,250  | Enter of   | .5<br>.5  | Qualifying                | widow(er)                                  |             |                |
|   | \$15,000<br>\$16,250   | \$15,000<br>\$16,250<br>\$22,500   | .5<br>.5<br>.5   | .5<br>.5<br>.5  | ' Qualifying              | widow(er)<br>5                             | 9           | x (            |
|   | \$15,000   | 915,000<br>\$16,250  | .5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5  | Qualifying                | widow(er)<br>5<br>2                        | 9           | х              |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000   | .5<br>.5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5<br>.5  | Qualifying                | widow(er)<br>5<br>2<br>1                   | 9           | х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000   | .5<br>.5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5<br>.5<br>.5  | Qualifying                | widow(er)<br>5<br>2<br>1                   | 9 30 31     | х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500   | .5<br>.5<br>.5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5<br>.5<br>.5<br>.2                                      | Qualifying                | widow(er)<br>5<br>2<br>1<br>1              | 9           | х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000   | .5<br>.5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5<br>.5<br>.5<br>.2<br>.1                                | Qualifying                | widow(er)  5  2  1  1  0                   | 9           | х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500   | .5<br>.5<br>.5<br>.5<br>.5<br>.5<br>.5   | .5<br>.5<br>.5<br>.5<br>.2<br>.1<br>.1                          | Qualifying                | widow(er)  5  2  1  1  0  0                | 9           | х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000                       | Enter of .5 .5 .5 .5 .5 .5 .2 .1 .1 .0   | .5<br>.5<br>.5<br>.5<br>.2<br>.1<br>.1<br>.1<br>.1              | Qualifying                | widow(er)  5  1  1  0  0                   |             | X (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000                       | Enter of .5 .5 .5 .5 .5 .5 .2 .1 .1  | .5<br>.5<br>.5<br>.5<br>.2<br>.1<br>.1<br>.1<br>.1              | Qualifying                | widow(er)  5  1  1  0  0  0                |             | Х (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000                       | 5.5.5.5.5.5.5.2.1.1.0.0 sis zero, stop; you  | .5<br>.5<br>.5<br>.5<br>.2<br>.1<br>.1<br>.1<br>.1<br>.0<br>.0  | Qualifying                | widow(er)  5  1  1  0  0  0  0             |             | X (            |
|   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000<br>Note: If line      | 5.5.5.5.5.5.5.2.1.0.09 is zero, stop; you  | .5<br>.5<br>.5<br>.5<br>.2<br>.1<br>.1<br>.1<br>.1<br>.0<br>.0  | Qualifying                | widow(er)  5  2  1  1  0  0  0  0          | 10          | X 0            |
| E | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000<br><br>Note: If line: | Enter of .5 .5 .5 .5 .5 .5 .5 .2 .1 .1 .0 .9 is zero, stop; you e 45, or Form 1040/            | .5 .5 .5 .2 .1 .1 .1 .0 .0 .0 cannot take this cro              | Qualifying                | widow(er)  5  1  1  0  0  0  0             | 10          |                |
| E | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000<br>Multiply line 7 by line 1040A, lines 2   | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000<br>                   | Enter of .5 .5 .5 .5 .5 .5 .5 .2 .1 .1 .0 9 is zero, stop; you e 45, or Form 1040, lines 46 th | .5 .5 .5 .2 .1 .1 .1 .0 .0 .0 cannot take this cra              | Qualifying                | widow(er)  5  2  1  1  0  0  0  0          | 10          |                |
| E | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$32,500<br>\$37,500<br>\$50,000<br>Multiply line 7 by line<br>Enter the amount from 1040A, lines 2<br>Subtract line 12 from | \$15,000<br>\$16,250<br>\$22,500<br>\$24,375<br>\$25,000<br>\$30,000<br>\$37,500<br>\$50,000<br>                               | Enter of .5 .5 .5 .5 .5 .5555  | .5 .5 .5 .2 .1 .1 .1 .0 .0 .0 cannot take this credit           | Qualifying  edit.  11  12 | widow(er)  5  2  1  1  0  0  0  2  1  2  1 | 10<br>41 13 |                |

\*See Publication 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

4/06/05 06:41PM Case 3 07 IRX-Beduction Worksheet (Form 1040, Line 25) Filed 05/07/2008 Page 50 of 80 Taxpaver Were you covered by a retirement plan? YES (for either if MFJ). Go to line 2. NO (for both if MFJ). Skip lines 2-6. Enter \$3,000 (or \$3,500 if age 50 or older) on line 7. Then go to line 8. 2. Enter the threshold for your filing status. 3. Enter the amount from Form 1040, line 22. Add amounts on Form 1040, lines 23, 24, 28 - 34a, and any amount entered next to line 35.
 Subtract line 4 from line 3 (not < 0).</li>
 Subtract line 5 from line 2 (not < 0).</li>
 Multiply line 6 by 30% (or by 35% if age 50 or over). Round up to the next multiple of \$10. If the result is more than zero and less than \$200, enter \$200. If the result is more than \$3,000 (or \$3,500 if age 50 or older), enter \$3,000 (or \$3,500).
 Enter wages and other earned income, minus any deductions on Form 1040, lines 30 and 32. Do not reduce wages 4. Add amounts on Form 1040, lines 23, 24, 28 - 34a, 3,000. lines 30 and 32. Do not reduce wages by any loss from self-employment. 64,881. Deductible IRA Contributions: 9. Enter IRA contributions you made, or will make by April 15, 2005, for 2004. 10. Enter the smallest of line 7, 8 or 9. 500. This is the most you can deduct on Form 1040, line 25. 500. Nondeductible IRA Contributions: 11. Subtract line 10 from the smaller of line 8 or line 9. Enter the part you choose to

0.

make nondeductible on Form 8606, line 1.

|        | 4/06/05        |  |               | 06:41PM            |
|--------|----------------|--|---------------|--------------------|
| Case 3 | B              | -00617-MHT-TFM Document 114-2 Filed 05/07/2008 lifted Dividends and Capital Gain Tax Worksheet (Form 1040, Line 43)  | Page 51 of 80 | 90.11.             |
|        | 1.<br>2.<br>3. | Enter the amount from Form 1040, line 9b   | 3.            | 7,674.             |
| ٠,     | 4.<br>5.       | Schedule D, but do not enter less than zero [X] No. Enter the amount from Form 1040, line 13 Add lines 2 and 3 If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of  | 0.<br>3.      |                    |
|        | 6.             | that form. Otherwise enter zero. Subtract line 5 from line 4. If zero or   | 0.            | -                  |
| !      | 7.             |  |               | 3.                 |
| !      | 8.             | less, enter zero.<br>Enter the smaller of:   | 17            | 7,671.             |
|        | 9.             | - The amount on line 1, or - \$29,050 if single or married filing separately, \$58,100 if married filing jointly or qualifying widow(er), \$38,900 if head of household. Is the amount on line 7 equal to or more than the amount on line 8? [ ] YES. Skip lines 9 through 11; | 17            | 7,674.             |
|        | 11.            | Go to line 12 and check the "No" box [X] NO. Enter the amount from line 7 . Subtract line 9 from line 8 . Multiply line 10 by 5% (.05) . Are the amounts on lines 6 and 10 the same? [X] YES. Skip lines 12 through 15; go to line 16  | 17            | 7,671.<br>3.<br>0. |
| •      | 14.<br>15.     | [] NO. Enter the smaller of line 1 or line 6  Enter the amount from line 10. (If line 10 is blank, enter zero.)  Subtract line 13 from line 12.  Multiply line 14 by 15% (.15)   |               |                    |
|        | 16.<br>17.     | Figure the tax on the amount on line 7. (Use the Tax Table or Tax Computation Worksheet) Add lines 11, 15, and 16 Figure the tax on the amount on line 1.  | 2             | 2,141.<br>2,141.   |
|        | 19.            | (Use the Tax Table or Tax Computation Worksheet) Tax on all taxable income (including capital gain distributions). Enter the smaller of line 17 or line 18 here and on Form 1040, line 43  |               | 2,141.             |
| 1      | 1              | TOTM 1040/ 1786 40   |               | 2,141.             |

| 4/06/05<br>Case 3:07-cy-     | 00617-MHT-TFM Document 114-2<br>de Expenses - Schedule C   | Filed 05/07/2008 | Page 52 of 80     | 06:41PM |
|------------------------------|--|------------------|-------------------|---------|
| Veni<br>BRE                  | cie Expenses - Schedule C<br>AD SALESMAN   |                  |                   |         |
|                              |  | Pickup           | Truck             | İ       |
| 2.                           | Date placed in service<br>Total mileage  |                  | /02/02<br>11,500. |         |
| 3.<br>4.                     | Business mileage<br>Business use (divide line 3 by line 2)   |                  | 3,371.<br>0.2931  |         |
| Stan                         | dard Mileage Rate:   |                  |                   |         |
| 5.                           | Multiply line 3 by 37.5 cents (.375) _   |                  | 1,264.            | ŀ       |
| Actu                         | al Expenses:   |                  |                   | t.      |
| 7.<br>8.<br>9.<br>10.<br>11. | Gasoline, lube and oil Repairs Tires Insurance Miscellaneous Auto license (except personal property Value of employer-provided vehicle                                 | taxes)           |                   |         |
| 14.                          | Vehicle rent or lease (less inclusion)<br>Add lines 6 through 13<br>Multiply line 14 by line 4   |                  | 0.                |         |
| 16.                          | Depreciation and section 179 deduction Add lines 15 and 16   |                  | 0.                |         |
| Tota                         | l Vehicle Expenses:  |                  |                   |         |
|                              | Enter line 5 or line 17<br>Parking fees and tolls  |                  | 1,264.            |         |
| 20.                          | Add lines 18 and 19  |                  | 1,264.            |         |
|                              | cle Expense Allocation:  |                  |                   |         |
| 22.                          | Car and truck expenses Depreciation  |                  | 1,264.            |         |
| 24. 25. 26. 26.              | Vehicle rent or lease payments Add lines 21, 22, and 23 Interest expense (business portion) Taxes and licenses (business portion) Personal property taxes (Schedule A) |                  | 1,264.            |         |

| Case | 3:07-                              | cv-0            | 0617-N                                | - <u>116</u> -                          | ГҒМ          |                       | ocum               | ent 1              | 14-2                     |                          | Filed 05/07/2008 | Page 53 of 80 |  |
|------|------------------------------------|-----------------|---------------------------------------|---|--------------|-----------------------|--------------------|--------------------|--------------------------|--------------------------|------------------|---------------|--|
|      |                                    |                 | je                                    | pr Method                               |              | s 45.                 | 1,354              | 9                  | <u> </u>                 | 0                        |                  |               |  |
|      |                                    |                 |                                       | Basis Depr                              |              | 48,840                | 48,840             | 0                  | 48,840                   | 0                        |                  |               |  |
|      | edule                              |                 | Salvage<br>/Basis                     | Reducto.                                |              |                       | 0                  | 0                  | 0                        | 0                        |                  |               |  |
|      | ion Sch                            | Ŧ               | r<br>/ Prior<br>s/ Dec. Bal.          | j                                       |              |                       | 0 0                | 0                  | 0                        | 0                        |                  |               |  |
|      | 2004 Federal Depreciation Schedule | MICHAEL S SMITH | Prior<br>Special 179/<br>Depr. Bonus/ | 1                                       | -            |                       | 0                  | 0                  | 0                        | 0                        |                  |               |  |
|      | ederal D                           | MICF            | 1.5€                                  | Bottus                                  |              |                       | 0                  | 0                  | 0                        | 0                        |                  |               |  |
|      | 2004 Fe                            |                 | Cost/ Bus.                            | j                                       |              | 48,240                | 48,840             | 0                  | 48,840                   | 0                        |                  |               |  |
|      |                                    |                 | Dale                                  | 1                                       |              | '                     |                    | 1 1                |                          | 9                        |                  |               |  |
|      |                                    |                 | Dale                                  | ROUTE                                   |              | 8/02/03               |                    |                    |                          |                          |                  |               |  |
|      | ·                                  |                 |                                       | Schedule C - FLOWERS BAKING BREAD ROUTE |              | #2100                 | , ug               | uo                 | ortization               | и ectation               |                  | ·             |  |
|      | 12/31/04                           |                 |                                       | dule C - FLOWER                         | Amortization | 1 Flowers Route #2100 | Total Amortization | Total Depreciation | Grand Total Amortization | Grand Total Depreciation |                  |               |  |
|      | 12/3                               |                 | 4/06/05                               | S                                       | <del>«</del> | i                     |                    |                    |                          |                          |                  |               |  |

Spouse's SSN if joint return 3:07-cv-00617-MHT-TFMI Page 54 of 80 Filed 05/07/2008 Document 114-2 Your first name & MI (if joint return, also give spouse's first name & MI) Last name MICHAEL S SMITH Present home address (number and street or P.O. Box number) City, town or post office state ZIP code LAFAYETTE, AL 36862 Filing Status 1 \$1,500 Single \$3,000 Married filing joint return (even if only one spouse had income). Exemptions 5 Name \$1,500 Married filing separate return. Complete line 5 with spouse's name and SSN. Check only one box. SSN [X] \$3,000 Head of family (with qualifying person). (See instructions.) Complete line 5. Relationship Parent Wages, salaries, hps, etc (list each employer and address separately): - Alabama tax withheld B - Income a WORKSTAFF PERSONNEL OF AL LLC 6a 200 6a 393100 b WORKSTAFF PERSONEL OF GA LLC 6b 000 6b 166 00 6c 00 6c 00 income 6d 00 6d 00 Adjustments 7 Interest and dividend income (also attach Schedule B if over \$1,500) ..... 7 160 00 Other income (from page 2, Part I, line 9). 30,822 00 9 Total income. Add amounts in the income column for line 6a through line 8.... 31.541 00 10 Total adjustments to income (from page 2, Part II, line 8)... 517 00 11 Adjusted gross income. Subtract line 10 from line 9...... 31,024 00 **Deductions** 12 Check box a, if you itemize deductions, & enter amount from Sch A, line 26. You Must At-Check box b, if you do not demize deductions, and enter standard deduction tach page 2 of Federal Form 1040, Federal Form 1040A, ► a X Itemized Deductions ► b Standard Deduction . . ► 4.060 00 ► 13 Federal tax liability deduction (see instructions)....... page 1 of 1040EZ, or a DO NOT ENTER THE FEOERAL TAX WITHHELD FROM YOUR FORM W-2(S) 2,099100 copy of your Telefile 14 Personal exemption (from line 1, 2, 3, or 4) .......... 3,00000 Schedule if claiming a deduction on 15 Dependent exemption (from page 2, Part III, line 2)..... 300 00 16 Total deductions. Add lines 12, 13, 14, and 15... line 13. 9,459 00 Taxable income. Subtract line 16 from line 11..... 21,565,00 18 Income Tax due. Enter here and check if from Form NOL-85A.... 1,038 00 X Schedule CR and/or Schedule OC..... Less credits from: 1,038 00 20 a Net tax due Alabama. Subtract line 19 from line 18..... Tax 000 Staple Form(s) b Consumer Use Tax (use worksheet in the instructions)..... 20 b 00 W-2, W-2G, and/or 1099 You may make a voluntary contribution a AL Democratic Party | \$1 21 a 00 to any of the following: Alabama Election b AL Republican Party \$1 **S2** Campaign Fund, or the Neighbors 21 b 00 Helping Neighbors Fund. C Neighbors Helping Neighbors 21 c 00 22 Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a, 21b, and 21c 22 000 23 Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099) ... 23 200 24 Amount paid with extension (attach Form 4868A)..... > 24 00 **Payments** 25 2004 estimated tax payments (see instructions) ..... 1.12000 26 Total payments. Add lines 23 through 25 26 1,122 00 27 If line 22 is larger than line 26, subtract line 26 from line 22, and enter AMOUNT YOU OWE. AMOUNT YOU OWE Place payment, along with Form 40Y, loose in the mailing envelope. (FORM 40V MUST ACCOMPANY PAYMENT.) If paying by credit card do not include Form 40V and check here ... 27 00 28 Estimated tax penalty. Also include on line 27 (see instructions) . . . . 00 29 If line 26 is larger than line 22, subtract line 22 from line 26, & enter amount OVERPAID. ► 29 **OVERPAID** 1,122 00 31 You may donate all or part of your overpayment. (Enter \$1, \$5, \$10, \$25, none, or other amount in apprepriate boxes). a Senior Services Trust Fund > 00 AL Indian Children's Scholarship Fund. . . b AL Arts Development Fund. > Verify your social security number g Penny Trust Fund.... Donation c AL Nongame Wildlife Fund. > h Foster Care Trust Fund. . . . Check-offs 00 Recheck your math d Child Abuse Trust Fund. . . . Mental Health.
AL Breast and Cervical
Cancer Program..... 00 Sign return on e AL Veterans Program. 00 Atlach W-2 form(s) k AL 4-H Club 00 32 Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, t, j, and k REFUND 33 REFUNDED TO YOU. (CAUTION: You must sign this return on page 2.) Subtract line 32 from line 29. For Direct Deposit, check here and complete Part V, Page 2. 1,122|00

|              | Other   | 4 a Total IRA distributions  | 4a   | 00 4 b Taxable an  | ount (see instructions).                     | 4b  | 100                                   |  |  |  |  |
|--------------|---|--|--|--|--|---|---------------------------------------|--|--|--|--|
| Cas          | se Jed 7-cv-0   | OF COLOR OF SEPTEMBER SEPT | Document 11/   | 1_2 00 <b>二對</b> 基TakaPPp <b>四</b> 的                       | OUT (\$80 (PIFIT (Charis))                   | Page 55 of  | 80 43 00                              |  |  |  |  |
| Jak          | instructions)   | <ul> <li>Rents, royalties, part</li> </ul>   | inerships, estates, trusts, et   | c (attach Schedule E)                                      |  | 6   | 00                                    |  |  |  |  |
|              |   |  | s) (attach Federal Schedule<br>and source — see instructions)                    | · <i>F</i> )   | •• •• •••••                                  | 7   | 00                                    |  |  |  |  |
|              |   | O O O O O O O O O O O O O O O O O O O  | and source — See instructions)   |  |  | -   8   | 00                                    |  |  |  |  |
|              |   | 9 Total other income.  | Add lines 1 through 8. Ente  | r here and also on page                                    | 1, line 8                                    | <u>▶</u> 9  | 30,822 00                             |  |  |  |  |
|              | 認知為問題   | 1 a Your IRA deduction   |  |  |  |   | 500 00                                |  |  |  |  |
|              |   |  | lion   |  |  |   | 00                                    |  |  |  |  |
|              |   |  | h retirement plan and self-c   |  |  |   | 100                                   |  |  |  |  |
|              | Adjust-<br>ments  |  | ndrawal of savings   |  |  | 3   | 17 00                                 |  |  |  |  |
|              | to Income   | Address  | DOCUBIRG   | 33M -  |  | - 4   | 00                                    |  |  |  |  |
|              | (see<br>instructions)   |  |  |  |  |   | 00                                    |  |  |  |  |
|              |   | 6 Moving Expenses (att Fede  | eral Form 3903) to City  | StateZIP   |  | 6   | 00                                    |  |  |  |  |
|              |   | <del></del>  | nsurance deduction   |  |  | 7   | 00                                    |  |  |  |  |
|              | Land of the state | _  | ines 1 through 7. Enter here and als   | o on page 1, line 10                                       | T  | <b>&gt;</b> 8   | 517 00                                |  |  |  |  |
|              | RATELLE   | 7 8 Oepandents:<br>(1) First name  | Last name  | (2) Dependent's social security number.                    | (3) Dependent's relationship to you.         | (4) Did you provid<br>more than one-ha<br>dependent's support | df .                                  |  |  |  |  |
|              | Dependents  |  | ***************************************  |  | Parent                                       | Yes   |                                       |  |  |  |  |
|              | Do not include yourself or  |  |  |  |  |   |                                       |  |  |  |  |
|              | your spouse   |  |  |  |  |   |                                       |  |  |  |  |
|              | (see<br>instructions)   |  | endents claimed above  |  |  |   | 1                                     |  |  |  |  |
|              |   |  | ultiply \$300 by the total num<br>nd on page 1, line 15                          |  |  | <b>P</b> 3 T  | 300 00                                |  |  |  |  |
|              | TEXT TEXT   |  | X Full Year If you were  |  |  |   |                                       |  |  |  |  |
|              |   | Check only one box   | Part Year From   |  |  | 2004. Total   |                                       |  |  |  |  |
|              | General   | 2 Did you file an Alaba  | ma income tax return for th  | e year 2003? X Ye  | s No   |   |                                       |  |  |  |  |
|              | Information   | 3 If no, state reason.   | If no, state reason.  Give name and address of present employer(s):              |  |  |   |                                       |  |  |  |  |
|              |   | Yours FLOWERS  | BAKING CO. OF OPE  | T.TKA  |  |   |                                       |  |  |  |  |
|              | Ali   | Your<br>spouse's   | DIMING CO. OF OLD  | 1.1.1.1.1.1.1  |  |   | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
|              | Taxpayers<br>Must   |  | justed Gross Income \$ 31  |  | ederal Taxable li                            | ncome \$17,67   | 4.                                    |  |  |  |  |
|              | Complete  |  | 2004 Federal Individual Inco   |  |  |   |                                       |  |  |  |  |
|              | This<br>Section   | If yes, enter source(s   | is reported on your Federal return, i) and amount(s) below: (of                  | but not reported on your AL re<br>her than state income to | eiurn (other than your :                     | state tax refund)?  | Yes X No                              |  |  |  |  |
|              |   | Source   | _  | nor tron State meenic te                                   |  | Imount  | 100                                   |  |  |  |  |
|              |   | Source   |  |  | A  | mount   | 00                                    |  |  |  |  |
|              | FAIRENAL  |  | your refund, complete 1, 2,  | and 3 below. (See Insti                                    | ructions)                                    |   |                                       |  |  |  |  |
|              | Direct<br>Deposit   | 1 Routing Number:  | <del></del>  | 2 Type: [ Ch   | ecking Sav                                   | vings   |                                       |  |  |  |  |
|              |   | 3 Account Number:  | entative of the Department   | of Dougraphy to discuss a                                  |  |   |                                       |  |  |  |  |
|              | C:  | Under penalties of perjury, I de   | schalive of the Department   | or revenue to discuss r                                    | ny return and atta<br>and statements, and in | Benments with my p  | reparer,                              |  |  |  |  |
|              | Sign<br>Here  | are trué, correct, and complete.<br>Your signature   | eclare that I have examined this return. Declaration of preparer (other than the |  |  |   | Bito benet, tilay                     |  |  |  |  |
|              | Keep a copy of this return for  | roui signature   | Date   | Daytime telep  | Y .  | COUT DECUPATION SALESMAN                                      |                                       |  |  |  |  |
|              | this return for your records  | Spouse's Signature (if joint retu  | irn. BOTH must sign) Date  | Daytime telep  |  | pouse's occupation  |                                       |  |  |  |  |
|              |   |  |  |  |  |   |                                       |  |  |  |  |
|              | Paid  | Preparer's > Alexan  | der G. Walton Jr.  | 0ale<br>4/06/0   | Check if                                     | Preparer's SSN (  | or PTIN                               |  |  |  |  |
|              | Preparer's<br>Use Dnly  |  | kander G. Walton,  | Jr., CPA PC  | 5 self-employed                              | <del>-1-1- </del>   | -                                     |  |  |  |  |
|              | -   | (or yours if   | CTP  |  |  | F F   | •                                     |  |  |  |  |
|              | ***************************************   | self-employed)<br>and address  |  |  |  | ž   |                                       |  |  |  |  |
| ·            |   | one, mail your return to   | one of the addresses below   | se use it and follow t                                     | he instructions on                           | the envelope. If yo   | u donot have                          |  |  |  |  |
|              | MUEDE   | If you are not making a payn   | nent, mail your return to:   | If you are making  |  | r return, Form 40V, and                                       | payment to:                           |  |  |  |  |
|              | WHERE TO FILE   | Alabama Depertme<br>P.O. Box 154   |  | Alabama D<br>P.O. Box 2                                    | epartment of Rev<br>401                      | renue   |                                       |  |  |  |  |
|              | FORM 40   | Montgomery, Alaba  | ma 36135-0001  | Montgome   | rv. Alabama 3614                             | 0-0001  |                                       |  |  |  |  |
|              |   | correspondence should  | m 40 to one of the above a<br>be mailed to Alabama Depart                        | udresses. Prior year retearlinent of Revenue, P.0          | vrns, amended re<br>). Box 327464. Ma        | turns, and all other ontoomery. AL 3613                       | 12-7464.                              |  |  |  |  |
| \$ 100 miles |   |  |  | *****  |  |   | AL DA                                 |  |  |  |  |

Case 3:07-cv-006 17-MHT-IFM ATTACH TO FORM 40 4SEE INSTRUCTIONS 500 300 180 Page 56 of 80 Your social security number

MICHAEL S SMITH

The itemized deductions you may claim for the year 2004 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. PART-YEAR RESIDENTS: A resident of Alabama for only a part of the year should list below only those deductions actually paid white a resident of Alabama.

| of the year sho                  | bluc | ist below only those deductions actually paid while a resid  | ent of             | Alabama.                | 3100     |              | Miabama for only a pari |
|----------------------------------|------|--|--------------------|-------------------------|----------|--------------|-------------------------|
|                                  |      | CAUTION: Do not include expenses reimbursed or paid by others.                                     |                    |                         | T        |              |                         |
| Medical and                      | 1    | Medical and dental expenses  | 1                  |                         | 00       |              |                         |
| Dental<br>Expenses               | 2    | Enter amount from Form 40, fine 11   | 2                  |                         |          |              |                         |
| (See instructions)               | 3    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | 3                  |                         | 00       | - 1          | ,                       |
|                                  | 4    | Little the result in zero of te  | ss, ent            | ter -0                  | >        | 4            | olo                     |
|                                  | 5    |  | 5                  | 428 (                   | 00       |              |                         |
|                                  | 6    | FICA Tax (Social Security & Medicare) and Federal Self-Employment Tax                              |                    | 2 471                   |          |              |                         |
| Taxes You<br>Paid                | 7    | Railroad Retirement (Tier 1 only)  | 7                  | 3,471                   |          |              |                         |
| (See instructions)               | 8    | Other taxes. (List — include personal property taxes.) ►   | -                  |                         | 20       | - 1          | ł                       |
|                                  | -    | Personal Property Taxes  | 8                  | 136                     | וחר      | - 1          |                         |
|                                  | 9    | Add the amounts on lines 5 through 8. Enter the total he   |                    | 13010                   | 畄        | 9            | 4,0350                  |
|                                  | 10   | a Home mortgage interest & points reported to you on Federal Form 1098.                            | 10 a               |                         | 10       | <del>*</del> | 4,0330                  |
| Interest You<br>Paid             |      | b Home mortgage int not reported to you on Fed Form 1098. (If paid to an                           |                    |                         | ٦        |              | ļ                       |
| (See instructions)               |      | individual, show that person's name & addr.)   | ]                  |                         |          |              |                         |
| NOTE:                            |      |  | 10Ь                | ا                       |          |              |                         |
| Personal<br>interest             | 11   | Points not reported to you on Form 1098  | 11                 | <u></u>                 | 0        | ĺ            |                         |
| is not                           | 12   | Investment interest (Attach Form 4952A).   | 12                 |                         |          |              |                         |
| deductible.                      |      | Add the amounts on lines 10a through 12. Enter the total   |                    |                         |          |              | ماء                     |
|                                  |      | CAUTION: If you made a charitable contribution and received a benefit in return, see instructions. | riere.             | <u> </u>                |          | 13           | 00                      |
| Gifts to<br>Charity              | 14   | Contributions by cash or check.  | 20                 | 25/0                    | ا        |              | 1                       |
| (See instructions)               | 15   |  | 14                 | 25 0                    |          |              | ŀ                       |
|                                  | 16   |  | 15                 |                         | 0        |              |                         |
|                                  |      |  |                    |                         | 0        |              |                         |
| <del></del>                      | 10.  | Add the amounts on lines 14 through 16. Enter the total here                                       |                    |                         |          | 17           | 25 0                    |
| Casualty and                     | 101  | Enter the amount from Federal Form 4684, line 16 (See instructions)                                | 18 a               |                         | 의        | - [          |                         |
| Theft Loss<br>(Atlach Form 4684) |      | Enter 10% of your adjusted gross income (Form 40, line 11)   | 18b                |                         | 0        |              |                         |
|                                  |      | Subtract line 18b from line 18a. If zero or less, enter -0.  | • • • •            |                         | <u> </u> | 8 c          | 0 0                     |
|                                  | 19   | Unreimbursed employee expenses — job travel, union dues, job                                       |                    |                         |          |              |                         |
|                                  |      | education, etc (You MUST attach Federal Form 2106 if required.  See instructions.) >               |                    |                         |          |              |                         |
| Job Expenses<br>and Most         |      |  | 19                 | o                       | 0        |              |                         |
| Other                            | 20   | Other expenses (investment, tax preparation, sale deposit box, etc).                               | <del>  '-'- </del> |                         | 쒸        |              | ł                       |
| Miscellaneous<br>Deductions      |      | List type and amount ►   |                    |                         |          |              | {                       |
| See instructions)                |      |  | 20                 | ^                       | ۸        |              |                         |
|                                  | 21   | Add the amounts on lines 19 and 20. Enter the total  | 21                 | 0                       | -        | - 1          |                         |
|                                  |      | Multiply the amount on Form 40, line 11 by 2% (.02).<br>Enter the result here                      | 22                 |                         | 1        |              |                         |
|                                  | 23   | Subtract line 22 from line 21. Enter the result, if zero or li                                     |                    | 10°                     |          | _            |                         |
|                                  | 24   | Other (from list in instructions). List type and amount  | 555, EI            | ner -0                  | 2        | 3            | 0 0                     |
| Other                            |      | County (non-use in institution) is a tist type and arruing   |                    |                         | _        |              |                         |
| Miscellaneous<br>Deductions      |      |  |                    |                         | -        |              |                         |
| ualified Long-                   |      | CAUTION: Do not include medical premiums.  |                    |                         | 2        | 4            | 0 00                    |
| erm Care Ins<br>remiums          | 25   | Enter amount here  |                    |                         | 2        | <u> </u>     | 000                     |
| otal Itemized<br>Seductions      |      | Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 25   | 5. Ente            | er the total here. Then | Τ        |              |                         |
|                                  |      | enter on Form 40, page 1, line 12  |                    | <u></u>                 | - 2      | 6            | 4,060 00                |

AL30

## If you received more than \$1500 of Interest and dividend

If you received more than \$1500 of interest and dividend income, you must complete Schedule B.

INTEREST INCOME. All interest received should be itemized on Schedule B. List all interest received on bank deposits, notes, mortgages, bonds, and other evidences of indebtedness, including bonds of the United States, and any state or territory and the political subdivisions thereof. All interest received is taxable except: (a) interest on obligations of the United States or its possessions; or (b) interest on obligations of the State of Alabama or any county, municipality, or other political subdivisions thereof.

Interest on bonds of other states is subject to Alabama Income Tax. Interest from savings and loan associations is also taxable. Enter the amount of all exempt interest in column A headed 'Exempt Interest.' Taxable interest should be entered in column B. DIVIDENDS. All dividends including liquidating dividends received are taxable. Gain or loss on liquidating dividends should be reported on Schedule D. Dividends from savings and loan associations are taxable. Dividends from tax-option corporations (Subchapter S) are

|             | List Payers and Amounts  |                   | A<br>Exempt interest |   | B<br>Taxable interest<br>and Dividends |
|-------------|--------------------------|-------------------|----------------------|---|--|
| 1           | FARMERS & MERCHANTS BANK |                   | 00                   |   | 157 00                                 |
|             |                          | _                 | 00                   |   | 00                                     |
|             |                          | -                 | 00                   |   | 00                                     |
|             |                          | $\dashv$ $\vdash$ | 00                   |   | 00                                     |
| Ń           |                          | ┥,├               | 00                   |   | 00                                     |
| Ė           |                          | 一'卜               | 00                   |   | 00                                     |
| E<br>S<br>T |                          | <b>-</b>    -     | 00                   |   | 00                                     |
| Ţ           |                          |                   | 00                   |   | 00                                     |
|             |                          |                   | 00                   |   | 00                                     |
|             | Subtotal                 |                   | 00                   |   | 157 00                                 |
| 2           | WALMART, INC. ASOP       |                   |                      |   | 3 00                                   |
|             |                          |                   |                      |   | 00                                     |
|             | <u> </u>                 |                   |                      |   | oc                                     |
| D           |                          |                   |                      | ŀ | 00                                     |
| Ý           |                          |                   |                      | 2 | 00                                     |
| DE H D 5    |                          |                   |                      | 2 | 00                                     |
| Ä           |                          |                   |                      |   | 00                                     |
| 5           |                          |                   |                      |   | 00                                     |
|             |                          |                   |                      |   | 00                                     |
|             | Subtotal                 |                   |                      | 1 | 3 00                                   |

## 

This credit is available to those residents of Alabama who are being taxed by Alabama and another state (or territory of the United States) in the same tax year. The income earned in the other state must be reported on the Alabama return to claim this credit. Residents of Alabama for only a part of the year can claim this

3 TOTAL TAXABLE INTEREST AND DIVIDENDS. Enter here and on Form 40, page 1, line 7...

credit only if the returns filed with Alabama and the other state cover the same periods. This credit is available for the year for which the income is taxed by the other state. If you are claiming credit for taxes paid to more than one other state, you must make a separate computation for each state.

PLEASE You may need to fill out the worksheet in the instructions before completing this schedule. This credit will NOT be allowed unless NOTE: you file a nonresident income tax return with the other state and attach a copy of that 2004 return to your Alabama return.

| 1 | 2004 taxable income as shown on the Georgia state return   | 1                    | 25,704 00  |   |          |
|---|--|----------------------|--|---|----------|
| 2 | Tax due the other state using Alabama tax rates  | 2                    | 1,248 00   |   |          |
|   | Tax due the other state as shown on that state's return or Form W-2G   |                      | 1,285 00   | 1 |          |
| 4 | Tax due Alabama from Form 40, page 1, line 18  | 4                    |  | 1 |          |
|   | <b>CREDIT ALLOWABLE.</b> Enter the amount from line 2, 3, 4, or the amount fi instructions, whichever is smallest. If you have no other credits, enter amount grage 1, line 19. If you have other credits, enter the amount from line 5 to S and complete. | om<br>unt fi<br>ched | the worksheet in the<br>rom line 5 to Form 40,<br>dule OC, Part A, line 1, | 5 | 1.038 00 |

Schedules B & CR (Form 40) 2004

160|00

| 3 <del>1</del> | Principal business or profession, including product or s  | ervice (see instructions)                              |  | Page 58 o                             |                          |  |  |  |  |
|----------------|---|--|--|---------------------------------------|--------------------------|--|--|--|--|
|                | BREAD SALESMAN  |  |  | ► 722300                              |                          |  |  |  |  |
| C              | Business name. If no separate business name, leave it   |  |  | D Employer ID num                     | oer (EIN), if any        |  |  |  |  |
|                | FLOWERS BAKING BREAD ROUT   | Ε  |  |                                       |                          |  |  |  |  |
| <b>E</b>       | Business address (including suite or room no.)  |  |  |                                       |                          |  |  |  |  |
| F              | F Accounting method: (1) X Cash (2) Accrual (3) Other (specify)   |  |  |                                       |                          |  |  |  |  |
| G              | у по предостава | ration of this busines                                 | ss during 2004? If 'No,' see instructions                  | for limit on losses.                  | X Yes                    |  |  |  |  |
| H              | If you started or acquired this business of   | uring 2004, check he                                   | ere  | ,,.,                                  |                          |  |  |  |  |
| Ha             | Income  |  |  |                                       |                          |  |  |  |  |
| 1              | 'Statutory employee' box on that form wa  | ncome was reported as checked, see the i               | to you on Form W-2 and the instructions and check here     | -X 1                                  | 64,3                     |  |  |  |  |
| 2              | Returns and allowances  | · · • • • • · · · • • • · · · · • • · · · · ·          |  | 2                                     |                          |  |  |  |  |
| 3              | Subtract line 2 from line 1   |  |  | 3                                     | 64,3                     |  |  |  |  |
| 4              | Cost of goods sold (from line 42 on page  | 2)   | ***** *****  | 4                                     |                          |  |  |  |  |
|                |   |  |  |                                       |                          |  |  |  |  |
| 5              | Gross profit. Subtract line 4 from line 3.  |  |  | 5                                     | 64,3                     |  |  |  |  |
| 6              | Other income, including Federal and state   | e gasoline or fuel lax                                 | c credit or refund   | 6                                     |                          |  |  |  |  |
|                |   |  |  |                                       |                          |  |  |  |  |
| 7              | Gross income. Add lines 5 and 6   |  |  | ▶ 7                                   | 64,3                     |  |  |  |  |
| -              | Expenses. Enter expenses fo   | r business use of you                                  |  |                                       |                          |  |  |  |  |
| 8              | Advertising 8   |  | 19 Pension and profit-sharing plans.                       | 19                                    |                          |  |  |  |  |
| 9              |   |  | 20 Rent or lease (see instructions):                       |                                       |                          |  |  |  |  |
| 10             | (see instructions)9   | 10,478.  | a Vehicles, machinery, and equipme                         |                                       | 7,2                      |  |  |  |  |
| 10             | Commissions and fees 10   |  | <b>b</b> Other business property                           |                                       | 1,3                      |  |  |  |  |
| 17             | Contract labor  |  | 21 Repairs and maintenance                                 |                                       | 4                        |  |  |  |  |
| 12             | (see instructions). 11 Depletion 12   |  | 22 Supplies (not included in Part III)                     |                                       | 1,0                      |  |  |  |  |
| 13             | · · · · · · · · · · · · · · · · · · ·   |  | 23 Taxes and licenses                                      |                                       |                          |  |  |  |  |
|                | 179 expense deduction   |  | 24 Travel, meals, and entertainment:                       | aram.                                 |                          |  |  |  |  |
|                | (not included in Part III)<br>(see instructions)  |  | a Travel   | 24a                                   |                          |  |  |  |  |
|                |   |  | b Meals and<br>entertainment                               |                                       |                          |  |  |  |  |
| 14             | Employee benefit programs (other than on line 19) 14  |  | c Enter nondeduc-  |                                       |                          |  |  |  |  |
| 15             | Insurance (other than health) 15  | 1,934.   | tible amount in-   | } }                                   |                          |  |  |  |  |
| 16             | Interest:   |  | cluded on line<br>24b (see instrs)                         |                                       |                          |  |  |  |  |
| а              | Mortgage (paid to banks, etc) 16a   |  | d Subtract line 24c from line 24b                          | 24d                                   |                          |  |  |  |  |
| þ              | Other   | 5,267.   | 25 Utilities.  | · · · · · · · · · · · · · · · · · · · |                          |  |  |  |  |
|                | Legal & professional services 17  |  | 26 Wages (less employment credits).                        |                                       |                          |  |  |  |  |
|                | Office expense  | 403.   | 27 Other expenses (from line 48 on page 2)                 | 27                                    | 5,30                     |  |  |  |  |
| 28             | Total expenses before expenses for busin  | ess use of home. Ac                                    | dd lines 8 through 27 in columns                           | ► 28                                  | 33,54                    |  |  |  |  |
| 05             | <del>-</del> . • . • . • . • . • . • . • . • . • .  |  |  |                                       |                          |  |  |  |  |
| 29             | Tentative profit (loss). Subtract line 28 fro   | m line 7   |  | 29                                    | 30,77                    |  |  |  |  |
| 30<br>31       | Expenses for business use of your home.   | 30   |  |                                       |                          |  |  |  |  |
|                | Net profit or (loss). Subtract line 30 from   |  | 7  |                                       |                          |  |  |  |  |
|                | • If a profit, enter on Form 1040, line 12,   | and also on Schedu                                     | le SE, line 2 (statutory                                   |                                       |                          |  |  |  |  |
|                | <ul> <li>employees, see instructions). Estates and</li> <li>If a loss, you must go to line 32.</li> </ul>   | trusts, enter on For                                   | m 1041, line 3.  | . 31                                  | 30,77                    |  |  |  |  |
| 32             | •   |  |  |                                       |                          |  |  |  |  |
|                | If you have a loss, check the box that des  |  |  |                                       |                          |  |  |  |  |
|                | <ul> <li>If you checked 32a, enter the loss on Fe<br/>(statutory employees, see instructions). Es</li> </ul>  | o <b>rm 1040, line 12,</b> an<br>states and trusts, en | d also on Schedule SE, line 2<br>ter on Form 1041, line 3. |                                       | ll investment<br>I risk. |  |  |  |  |
|                |   |  |  | L                                     |                          |  |  |  |  |

| 33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach 3:034CWas there any change in determining quantities, costs, or valuations between opening and closing inventory if 'Yes,' attach explanation. | explanation) e 59 of 80               |
|---|---------------------------------------|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation  |                                       |
| 36 Purchases less cost of items withdrawn for personal use  | 36                                    |
| 37 Cost of labor. Do not include any amounts paid to yourself   | 37                                    |
| 38 Materials and supplies   | 38                                    |
| 39 Other costs  | 39                                    |
| 40 Add lines 35 through 39 .  | 40                                    |
| 41 Inventory at end of year   | 41                                    |
| 42 Cost of goods sold. Suptract line 41 from line 40. Enter the result here and on page 1, line 4.  | 42                                    |
| Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file                                     | s on line 9 and are not<br>Form 4562. |
| 43 When did you place your vehicle in service for business purposes? (month, day, year) > 1/02/02   |                                       |
| 44 Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle a Business3,371 b Commuting cOther8,1   |                                       |
| 45 Do you (or your spouse) have another vehicle available for personal use?   | X Yes No                              |
| 46 Was your vehicle available for personal use during off-duty hours?   | X Yes No                              |
| 47 a Do you have evidence to support your deduction?  | X Yes No                              |
| b If 'Yes,' is the evidence written?  | X Yes No                              |
| Other Expenses. List below business expenses not included on lines 8-26 or line 30.   |                                       |
| Accounting  | 220.                                  |
| Administration  | 490.                                  |
| Amcrtization  | 3,256.                                |
| Miscellaneous   | 377.                                  |
| Relief Driver   | 100.                                  |
| Telephone   | 760.                                  |
| Uniforms  | 99.                                   |
|   |                                       |
|   |                                       |
| 48 Total other expenses. Enter here and on page 1, line 27.   | 48 5,302.                             |

raye i Case 3:07-cv-00617-MHT-TFM Document 1/11/24 S 5/1/24 05/07/2008 Page 60 of 80 06:41PM IRA Deduction Worksheet (Form 40, Part II, Line 1) Taxpaver Were you covered by a retirement plan? YES (for either if MFJ). Go to line 2. NO (for both if MFJ). Skip lines 2-6. Enter \$3,000 (or \$3,500 if age 50 or older) on line 7. Then go to line 8. Enter the threshold for your filing status.
 Enter total income (before adjustments). Enter total income (before adjustments).
 Add adjustments to income (other than the IRA deduction).
 Subtract line 4 from line 3 (not < 0).</li>
 Subtract line 5 from line 2 (not < 0).</li>
 Multiply line 6 by 30% (or by 35% if age 50 or over). Round up to the next multiple of \$10. If the result is more than zero and less than \$200, enter \$200. If the result is more than \$3,000 (or \$3,500 if age 50 or older), enter \$3,000 (or \$3,500).
 Enter wages and other earned income, minus 1/2 S.E. tax and Keogh/SEP/SIMPLE. Do not reduce wages by any loss from 3,000. Do not reduce wages by any loss from self-employment. 31,338. Deductible IRA Contributions: Enter IRA contributions you made, or will make by April 15, 2005, for 2004.
 Enter the smallest of line 7, 8 or 9. 500. This is the most you can deduct on Form 40, Part II, line 1. 500. Nondeductible IRA Contributions: 11. Subtract line 10 from the smaller of line 8 or line 9. Enter the part you choose to make condeductible on Form 8606, line 1. 0.

MUNUMUM TYVINSHIVVIS

**ここのひまりのの下ば** 

Case Individual Income Gax Return
Georgia Department of Revenue
2004 (Approved software version)

Document 114-2

Filed 05/07/2008 Page 62 of 80

|     | 6 -bh. a.ga aoithme acidit  | ,,,,  |   |                                  |                   |                            |
|-----|---|---|---|----------------------------------|-------------------|----------------------------|
|     | <b></b>   | X Check if you DO NOT   | want a booklet                          | next year                        |                   |                            |
| DE  |   |   |   | -                                |                   |                            |
| _   | Fiscal Year Beginning   | Fiscal Year Er  | nding                                   |                                  |                   |                            |
| 1   | Your First Name MICHAEL   | Initial   |   | Your Social Security Num         | ber               | DEPARTMENT USE ONLY        |
| •   | Your Last Name  | S   |   |                                  |                   |                            |
|     | SMITH   |   | Suffix                                  |                                  |                   |                            |
|     | Spouse's First Name   | Initial   |   | Spouse's Social Security         | Number            |                            |
|     | Spouse's Last Name  |   | Sullix                                  |                                  |                   |                            |
|     |   |   |   |                                  |                   |                            |
| 2   | Address (Check if Address has address line for Apt, Suite, Uni                              | : Changed) (Use 2nd<br>it or Bldq number)                                 |   |                                  | !                 |                            |
|     |   |   |   |                                  |                   | GAIA0112L 10/18/0          |
| 3   | city LAFAYETTE  |   | State AL                                | Zip Code                         | 36862             | CANALIZE TOTOR             |
|     | Country (if Foreign)  |   |   |                                  |                   | Residenc<br>Status         |
| 4   | Enfer your Residency Status wi  | th the appropriate number   | • |                                  |                   | ► 4 3                      |
|     | 1 Full-Year Resident 2 Part-Y   |   |   | 0                                | 3 Non             | resident                   |
| _   | Part-Year Residents and Nonre   | sidents must omit Lines 9 thru  | 14 and use Sc                           | hedule 3 of Form 500, pag        | e 4               | Film<br>Statu              |
| 3   | Enter Filing Status with appropri   | riate letter (Must be the same  | stalus used on                          | your Federal Return)             | • • • • • • • • • |                            |
|     | B Married filing joint  | Married filing sepa   | rate (Spouse's s                        | social security number mus       | t be entere       | d above)                   |
|     | - mained ming joint   | D Head of Household   | or Qualifying w                         | vidow(er)                        |                   |                            |
| 6   | Number of exemptions (Check app   | propriate box(es) and enter total   | ın 6c.) <b>5a</b>                       | Yourself X 6b Spouse             | 60                | : 1                        |
|     | Dependents — (If you have more  |   | list of additiona                       | al dependents)                   |                   |                            |
| -   | First Name  | Last Name   |   | Dependent's SSN                  |                   | lationship to You<br>ARENT |
|     |   |   |   |                                  |                   |                            |
| 7 a | Number of Dependents (DO NO   | r include yourself or your spor   | use)                                    |                                  |                   | ► 7a 1                     |
| 7 b | Add Lines 6c and 7a. Enter total  | k   | ••••••••••                              | ***********                      | ► 7b              | 2                          |
| 8   | Federal adjusted gross income (   | From Federal Form 1040, 104   | 10A or 1040EZ).                         | ,                                | 8                 | 31024.                     |
|     | (Do not use FEDERAL TAXABLE If the amount on Line 8 is \$40,0 Federal Form 1040 pages 1 and | INCOME)<br>00 or more, or your gross inco<br>2. Do not enclose other Fede | ome is less than                        | your W-2s, you must encl         | оѕе а сору        | of your                    |
| 9   | Adjustments from Schedule 1 (S  | ee instructions)  |   | _                                |                   |                            |
| 10  | Georgia adjusted gross income (   | Net total of Line 8 and Line 9  | <b>)</b>                                |                                  | 3<br>10           |                            |
| 11  | Standard Deduction (Do not use  | FEDERAL STANDARD DEDU   | CTION) see insti                        | ructions                         | 11a               |                            |
| b   | Self: 65 or over? Blind?  | Spouse: 65 or over?   | Blind?                                  |                                  |                   |                            |
|     | Total of Boxes $x 1,300 =$  |   |   | <b>.</b>                         | 11 b              |                            |
| C   | Total Standard Deduction (Line 1  | 1a + Line   13b)  |   |                                  | 11c               |                            |
|     | Use EITHER Line 11c OR Line 1;  | 2 (Do not write on both lines)  |   |                                  |                   |                            |
| 12  | Total Itemized Deductions used in comput  | ing Federal Taxable Income, if you us                                     | e itemized deduction                    | s, vou must enclose Federal Sche | tulo A            |                            |

| se 3:   |  |  |
|---|--|--|
| oo y.   | 07-cv-00617-MHT-TFM Document 114-2 Filed 05/07/2008 F  | age 63 of 80   |
| 13  | 07-cv-00617-MHT-TFM Document 114-2 Filed 05/07/2008 F<br>Subtract either Line 11c or Line 12 from Line 10; enter balance 13  | age 55 5. 55   |
|   | a Number on Line 6c multiplied by \$2,700 14a  |  |
|   | b Number on Line 7a multiplied by \$3,000 14b  |  |
|   | c Add Lines 14a and 14b. Enter total ▶ 14c   |  |
|   | Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) ▶ 15   | 25704.   |
|   | Tax (Use Tax Table in the instructions):   | 1285.  |
|   | Credits from Schedule 2, Page 3 (Enter total but not more than the amount on Line 16) ▶ 17   |  |
| 18  | Balance (Line 16 less Line 17) if zero or less than zero, enter zero ▶ 18  | 1285.  |
| 19  | Georgia Income Tax Withheld (Enter Tax Withheld Only and enclose withholding statements)   |  |
| 20  | Estimated Tax for 2004 and Form IT-560   |  |
| 21  | Low Income Credit (See worksheet on page 11) 21a ► 21b. ► ≥ 21c  |  |
| 22  | Department Use Only  |  |
| 23  | Total prepayment credits (Add Lines 19, 20 and 21c) ≥ 23   |  |
| 24  | If Line 18 exceeds Line 23 enter BALANCE DUE STATE ▶ 24  | 1285.  |
| 25  | If Line 23 exceeds Line 18 enter OVERPAYMENT amount ▶ 25   |  |
| 26  | Amount to be credited to 2005 ESTIMATED TAX  |  |
| 27  | Georgia Wildlife Conservation Fund (No gift of less than \$1.00)   |  |
| 28  | Georgia Children and Elderly Fund (No gift of less than \$1.00) ≥ 28   |  |
| 29  |  |  |
| 30  | Georgia Greenspace Trust Fund (No gift of less than \$1.00) ▶ 30   |  |
| 31  | Form 500 UET (Estimated tax penalty)   |  |
|   |  | 1285.  |
| Con<br>See  | page 25 in the 511 booklet for information about how to order Form 525-TV  |  |
| Con<br>See<br>or vi   |  | IMENT OF REVENUE   |
| Con<br>See<br>or vi   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  | IMENT OF REVENUE   |
| Corr<br>See<br>or vi<br>DO I<br>33  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET  (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  | IMENT OF REVENUE   |
| Corr<br>See<br>or vi<br>DO I<br>33<br>REF<br>GEG  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25 THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO: ORGIA DEPARTMENT OF REVENUE  | IMENT OF REVENUE   |
| Corr<br>See<br>or vi<br>DO I<br>33<br>REF<br>GEG<br>PRO   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET  (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  PROCESSING CENTER   | IMENT OF REVENUE   |
| Corr<br>See<br>or vi<br>DO I<br>33<br>REF<br>GEO<br>PRO   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  PROCESSING CENTER  PO. BOX 740399  | TMENT OF REVENUE TURN ENVELOPE. UE   |
| Corr<br>See<br>or vi<br>DO I<br>33<br>REF<br>GEO<br>PRO   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURNS IN THE RETURN ARE TURNS TO BE AND TAX RETURNS TO BE AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DEBOX 740380  ANTA, GA 30374-0380  ATLANTA, GA 30374-0399   | FMENT OF REVENUE FURN ENVELOPE.  UE  GAIA0112L 10/18/04  |
| See or vi DO I 33 REF GEO PRO ATL   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | FMENT OF REVENUE FURN ENVELOPE.  UE  GAIA0112L 10/18/04 in   |
| See or vi DO I 33 REF GEO PRO ATL   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET  (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  PROCESSING CENTER  PR | FMENT OF REVENUE FURN ENVELOPE.  UE  GAIA0112L 10/18/04 in   |
| See or vi DO I 33 REF GEO PRO ATL   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | FURN ENVELOPE.  UE  GAIA0112L 10/18/04 in  mowledge and belief it is true, correct   |
| See or vi DO I 33 REFF GEO PRO ATL  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | FMENT OF REVENUE  FURN ENVELOPE.  GAIA0112L 10/18/04 in inowledge and belief it is true, correct  Laboratory authorize to authorize  |
| See or vi DO I 33 REFF GEO PRO ATL  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | FURN ENVELOPE.  GAIA0112L 10/18/04 in inowledge and belief it is true, correct  Example 1  |
| See or vi DO I 33 REFF GEO PRO ATL  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | GAIA0112L 10/18/04 in consuledge and belief it is true, correct  Check the box to authorize the Georgia Department of Revenue to discuss the   |
| See or vi DO I 33 REFF GEO PRO ATL  | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | GAIA0112L 10/18/04 in in inowledge and belief it is true, correct  X Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with              |
| See or vi DO I 33 REF GEO PRO ATL   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RET (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DOCESSING CENTER | GAIA0112L 10/18/04 in consider and belief it is true, correct  X Check the box to authorize the Georgia Department of Revenue to discuss the contents, of this                                 |
| See or vi DO I 33 REF GEO PRO ATL Under and c   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURNS IN THE RETURN IN T | GAIA0112L 10/18/04 in controlledge and belief it is true, correct  X Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the preparer |
| See or vi DO I 33 REF GEO PRO ATL Under and c   | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURNS TO COME are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  GEORGIA DEPARTMENT OF REVENUE  DCESSING CENTER  DCESSING CENTE | GAIA0112L 10/18/04 in consider and belief it is true, correct  X Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the preparer     |
| See or vi DO I 33 REF GEO PRO ATL Under and c   | page 25 in the 511 booklet for information about how to order Form 525-TV sit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURNS TO ITEMS IS YOUR REFUND.  (If you are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  ORGIA DEPARTMENT OF REVENUE  OCESSING CENTER  DECESSING CENTER  DECESSING CENTER  DECESSING CENTER  DECESSING CENTER  DECESSING CENTER  P.O. BOX 740389  ATLANTA, GA 30374-0389  Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid lawful money of the United States, free of any expense to the State of Georgia.  Information of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my keeping to the preparer (other than laxpayer) is based on all information of which the preparer has any knowledge.  Taxapayer's Signature (Check if deceased)  Date  Declaration of Preparer (Other than laxpayer)  Date  Declaration of Walton, Jr., CPA PC   | GAIA0112L 10/18/04 in consider and belief it is true, correct  X Check the box to authorize the Georgia Department of Revenue to discuss the contents of this tax return with the preparer     |
| Correspondence of the | page 25 in the 511 booklet for information about how to order Form 525-TV isit http://www2.state.ga.us/departments/dor/inclax/individual_income_tax_forms.shtml  NOT STAPLE OR PAPER CLIP YOUR CHECK, W-2'S OR TAX RETURN. ENCLOSE ALL ITEMS IN THE RETURNS TO COME are due a refund) Subtract the sum of Lines 26 thru Line 31 from Line 25  THIS IS YOUR REFUND.  PAYMENTS AND TAX RETURNS TO:  GEORGIA DEPARTMENT OF REVENUE  DCESSING CENTER  DCESSING CENTE | GAIA0112L 10/18/04  in  in  in  in  in  in  in  in  in  i  |

1004 GA 004 T1 04

· 3

Page 64 of 80

Your Social Security Number

## SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS Income earned in another state as a Georgia resident is taxable but other state(s) lax credit may apply. See instructions.

## DO NOT USE LINES 9 THRU 14 OF PAGES 1 AND 2, FORM 500

|               |   |  | ;                               |                      |
|---------------|---|--|---------------------------------|----------------------|
|               |   | Federal Income after<br>Georgia Adjustments    | Income not Taxable to Georgia   | Georgia Income       |
|               |   | COLUMN A                                       | COLUMN B                        | COLUMN C             |
| 1             | Wages, Salaries, Tips, etc  | 559.<br>160.                                   | 393.<br>160.                    | 166.                 |
| 3             | Business Income or (Loss)  Other Income or (Loss)                           | 30779.<br>43.                                  | -3256.                          | 34035.               |
| 5             |   | 31541.   | 43.<br>-2660.                   | 34201.               |
| AD.           | JUSTMENTS TO INCOME   |  |                                 |                      |
| 6             | Total adjustment from Federal Form 1040                                     | 517.   | 20.                             | 497.                 |
| 7             | Total adjustment from Form 500,<br>Schedule 1, Page 3                       | 2  |                                 | 457.                 |
| 8             | Adjusted Gross Income: Line 5 p'us or minus Lines 6 and 7                   | 31024.   | -2680.                          | 33704.               |
| 9             | RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage        | ·····  | 100                             | % Not to exceed 100% |
| 10            | Hemized or Standard Deduction (See instruction                              | ns)  | 2300.                           |                      |
| 11            | Personal Exemption from Form 500, 11a Number on Line 6c 1 m                 |  | 2700                            |                      |
|               |   | nultiplied by \$2,700<br>nultiplied by \$3,000 | 2700<br>3000                    |                      |
| 11            | c Add lines 11a and 11b, Enter total, .                                     |  | 5700.                           |                      |
| 12            | Total Deductions and Exemptions:<br>Add Lines 10 and 11c                    |  | 8000.                           |                      |
| 13            | Multiply Line 12 by Ratio on Line 9 a                                       | nd enter result                                | ······                          | 8000.                |
| 14            | Georgia Taxable Income: Subtract Li<br>Enter here and on Page 2, Line 15 of | ne 13 from Line 8, Column C<br>f Form 500      | ••••••                          | 25704.               |
| Lis<br>1<br>2 | st the state(s) in which the income in (<br>ALABAMA                         | Column B was earned and/or to wi               | nich it was reported.<br>4<br>5 |                      |

6

## of 80

# \*\*\*\* IMPORTANT®\*\*\*\*\*

## THIS IS YOUR IRS FORM 1099-DIV FOR 2004

## KEEP FOR YOUR RECORDS

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IE YOU ARE REQUIRED TO FILE A REJURN A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PAYER'S name, street address, sity, state, ZIP code, and telephone no.

WAL-MART INC, ASOP P.O. BOX 43080 PROVIDENCE RI 02940-3080

For inquiry: 800-438-6278
RECIPIENT'S name, street address, city, state, and ZIP code

MICHAEL S SMITH & WANDA BRUSHWOOD

LAFAYETTE AL 36862

| CORRECTED (if checked                     | ) vividends an                         | nd Distributions   |
|---|--|--|
| 1a. Total ordinary dividends *            | 8b Qualified dividends                 | OMB No.1545-0110   |
| \$ 2.56                                   | \$ 2.56                                |  |
| 2a Total capital gain distr,<br>\$        | 2b Unrecap, sec. 1250 gain             | 2004   |
| 2c Section 1202 gain                      | 2d Collectibles (25%) gain             |  |
| \$  | \$                                     | Form 1099-DIV  |
| 3 Nontavable distributions<br>\$          | 4 Federal income tax withheld<br>S     | Сору В   |
| 5 investment expenses \$                  | 6 Foreign tax paid<br>\$               | For Recipient This is important tax information and is being                           |
| Fereign country or U.S.possession         | 8 Cash liquidation distributions<br>\$ | furnished to the internal<br>Revenue Gervice. If<br>you are required to file           |
| 9 Noncash liquidation distributions<br>\$ | PAYER'S Federal identification number  | a return, a negigence<br>panalty or other<br>sanction may be<br>imposed on you if this |
| RECIPIENT'S Identification number         | Account number                         | income is taxable and<br>the IRS determines that<br>it has not been<br>reported.       |

#### Instructions to Recipients

Box 1a. Shows total ordinary dividends that are taxable. Include this amount on line 9s of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required.

The amount shown may be a distribution from an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for the new 15% or 5% capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9B. Form 1040 or 1040A.

Box 2a. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schodule D (Form 1040), line 13. But, if no amount is shown in boxes 2c-2d end your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (fine 10 or Form 1040A) rather than Schodule D. See the Form 1040A(1040A instructions.

Box 2h. Shows the portion of the amount in box 2s trist is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Universeptured Section 1250 Gain Worksheet in the Schedule D instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2s that is section 1202 gain from certain small business stock that may be subject to a 50% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exchanges of collectibles. If required, use this amount when completing the 28% Rate Gain Workshoot-Line 18 in the instructions for Schedule D (Form 1040).

1273

17717-97362

- Box 3. Shows the part of the distribution that is nontaxable because it is a roturn of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring gain or loss when you set your stock. But if you get back all your cost (or other basis), report fulture nontaxable distributions as capital gains, even though this form shows them as nontaxable. See Pub, 650, Investment Income and Expenses.
- Bex 4. Shows backup withholding. For exemple, a payer must backup withhold on certain payments at a 28% rate if you did not give your taxpayer identification number to the payor. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding, include this amount on your income tax prigrin as tax withhold.

Box 5. Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered mutual fund. If you file Form 1040, you may deduct these expenses on the "Other expenses" line on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1s.

Box 5. Shows the foreign tax you may be able to claim as a deduction or credit on Form 1040. See the Form 1040 instructions.

Bexes 8 and 9. Shows cash and noncash liquidation distributions. Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must file Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must turnish a Form 1099-DIV to each. A husband or wife is not required to file a nominee return to show amounts owned by the other. See the 2004 General instructions for Forms 1099, 1098, 5498, and W-2G. Please keep this statement for tax purposes.

Case 3:07-cv-00617-MHT-TFM

DREUECTEED STAFFMENF DEGINITIONS 2008 Page 66 of 80

CLOSING DATE - The last business day of the statement month.

PRICE PER SHARE - The price per share purchased or sold under the Plan.

TAX WITHHELD - The amount deducted from the cash dividend and paid to federal and/or state tax authorities. The letter (N) indicates that U.S. tax has been withheld for non-resident aliens or the letter (B) for those participants who are not in compliance with IRS regulations.

ANNUAL MAINTENANCE FEE - If you no longer work for Wal-Mart you may continue your account and buy shares without paying a brokerage fee. However, you will be charged \$30 once a year as a maintenance fee. The \$30 fee is automatically deducted from your account in the first quarter of each year by selling a portion of stock equal to \$30. If you do not wish to maintain your account after you leave the company, be sure to call EquiServe.

SHARE BALANCE - The number of shares in your account on the closing date.

VALUE OF SHARES - The estimated market value of the shares in your account on the closing date. It is the price per share multiplied by the share balance in your account on the closing date.

LOAN COLLATERAL - The number of shares held by EquiServe as collateral for a loan granted through the Wal-Mart Loan Program. Although these shares are still owned by you, they are not available for transfer, sale or issuance until your entire loan balance is paid. Loans are limited to associates in the U.S.

TAX INFORMATION - All participants will receive a record of dividends paid on a Form 1099-DiV. In addition, a record of all proceeds for shares sold through the Plan will be reported on Form 1099-B. Both forms will be sent once a year. Please note that a sale of shares represents a taxable event for purposes of the Internal Revenue Service.

#### **GUIDELINES FOR TRANSACTION FORM**

CERTIFICATE ISSUANCE - Certificates will be registered in the name(s) in which the account is maintained on EquiServe's records. Certificates have monetary value and are negotiable. To avoid loss or theft, please keep them in a safe place!

VOLUNTARY CASH CONTRIBUTION - Fill in the amount you wish to invest on the Transaction Form and make your check payable to EquiServe. Be sure to include your Social Security Number on your check.

**CERTIFICATE DEPOSIT** - We suggest you use registered and insured mail when sending certificates for deposit into your Plan account.

SHARE TRANSFER - If you want to transfer shares from your account into a different account, please complete the Share Transfer section and have your signature(s) guaranteed. We can transfer shares only to individuals who have an existing account with EquiServe.

SHARE SALE - You may sell all or part of your shares held in your account at any time by calling EquiServe. You will be asked your name, Social Security number, PIN, and the number of shares to be sold. If the call is received before 2:00 p.m. Eastern Time (1:00 Central) Monday through Friday, the shares will be sold the same day if the securities market is open for normal business. For calls after 2:00 p.m. (1:00 Central), the transaction will take place the next business day. EquiServe fees and commissions on stock sales will be \$20 per transaction and 10 cents per share sold. You should receive a check representing the proceeds within 7 to 10 business days after the date of sale.

**ADDRESS CHANGES** - To ensure accurate and prompt updating of your new address, address changes should be given to <u>both</u> EquiServe and to your location manager.

INTERNET ACCOUNT ACCESS - You can obtain account balances, duplicate forms, and request the sale or issuance of your stock over the Internet at www.equiserve.com. To access your account, a password is required. If you have forgotten or lost your password you can have it reset by calling 1-800-438-6278.

For faster service, certificate leasuances, share sales, and eddress changes can be made by calling our Customer Service Representatives at 800-438-8278.

|    |   | -   |
|----|---|---|
| ı  | Shere Transfer: Transfer shares as follows:   | Change of Address:  |
|    | Transfer shares into the following account:   | Participant name  |
| İ, | Account name  | Account number  |
|    | Account number  | New address   |
| :  | Signature(s) of Plan participant(s):  |   |
| !! |   | Account Consolidations  |
| :  | Affix Medallion Signature Guarantee* Imprint  | If you received more than one statement, please contact EquiServe to consolidate your accounts. |
|    | Date By   |   |
|    | *Signature guarantees must be obtained from an Eligible Guarantor Institution such as a Comm<br>participating in a Medallion program approved by the Securities Transfer Association. | ercial Bank, Trust Company, Securities Broker/Dealer, Credit Union or Savings Association       |
| ı  | Note: A notary skinning guarantee will not be presented for shore transfers   |   |

Payer's Fed I.D. No.

Farmers & Merchants Bank P.O. Box 128 Lafayette, AL 36862 (334) 864-9941

OMB No.
Interest Income
Form 1099-INT
Copy B
For Recipient
For year 2004

MICHAEL SMITH

LAFAYETTE AL 36862

Recipient's Tax I.D. No.

Interest Interest on U.S. Federal Tax Account Information Income Bonds & Treas Withheld \*----\* \*----\* SAV 6.31 CD 151.15 BOX 1 Interest income not included in box 3. . . . . . . 157.46 16.63 BOX 3 Interest on U.S. Savings Bonds and Treas. obligations 

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

BOX 7 Foreign country or U.S. Possession

(Keep for your records.)

Medicare (City) PISA Case 3:07-cv-00617-MHT-TFM Filed 05/07/2008 Page 68 of 80 Document 114-2 For in think 1 ... Bosin " mit. . June 1 1.1 -.11114-2 Bux 3 - 147 . . . . . . 1 . 19 in the seasoning A STORE THE ampunt of your mouse had ! Bn> 5 Box 6 Box 7 111 10% -11c · ..... 4.18--- · \* W. m. Box & t.. Box 9. · · John . dm2 . Bnx '0 . . . Box 3 20x 14 Dox 15 Nuxes 15-16 . . 1099-CID OMB No. 16 to-011 Medicine Constitution (ASS Medicine) S498- A DIME BY TOTATION Original lesue Discount HSA, Woner MSA, or the house-Choice MSA arren en el con-9. L.C. Po Pab (V) Publish . er ingalig Form Onc. ٠. Box 1 11.11 Se But a supplied to a : . . Brx -P.3. 45 ( il W- -Box 3. Control of the periods 

g.

. . .

and Corner

A Long to the Common to the Park Service Service

-----

. .

. . .

Box S.

eren.

Bo= 1 · 1

## 2004 SUMMARY SHEET

| TERRITORY PAYMENT     | 8,553.14 |
|-----------------------|----------|
| TRUCK LEASE           | 7,245.53 |
| TRUCK REPAIR          | 50.00    |
| TRUCK INSURANCE       | 1,933.97 |
| HEALTH INSURANCE      | 3,129.17 |
| ADMINISTRATIVE FEE    | 530.00   |
| WAREHOUSE RENT        | 1,378.00 |
| FICA TAX              | 3,476.08 |
| FICA ADJUSTMENT       | -402.21  |
| UNIFORMS              | 99.40    |
| RELIEF DRIVER         | 100.00   |
| MISCELLANEOUS EXPENSE | 1,060.47 |

30.31

8

36.55

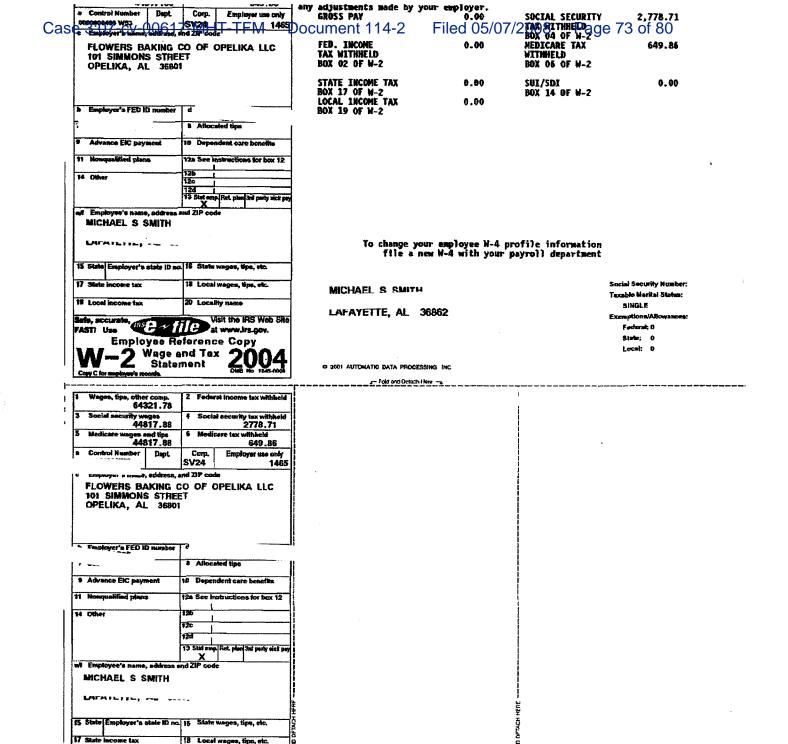
TRUCK REPAIRS TWASHES

60.32 30.21

蒙蒙

Record of Estimated Tax Payments rage 1 **ZUU4** Document 114-2 Filed 05/07/2008 Case 3:07-cv-00617-MHT-TFM Page 72 of 80 4/07/04 07:36PM Federal Amount Paid (do not include any credit card convenience (ee) 2003 Overpayment Credit Applied Clieck or money order number Dale Due Balance Due Date paid or credit card confirmation number 4/15/04 10. 690. 6/15/04 2 700. 9/15/04 3 700. 4 1/18/05 700. 5 6 7 Total..... 10. 2,790. State: Alabama State Amount Paid (do not include any credit card convenience fee) 2003 Overpayment Credit Applied Check or money order number or credit card confirmation number Date Due Payment Number Balance Due Dale paid 4/15/04 280 2 6/15/04 280. 3 9/15/04 280. 1/18/05 4 280. 5 6 7 8 Total.... 1,120.

This document is for your records. Please use it to record your estimated tax payments and bring it with you for reference in the preparation of your 2004 tax return.



Federal Filing Copy
W-2 Wage and Tax
Statement
Copy B to be filed with employed's Federal become Tax Rhub.

1546-0009

29 Locality name

19 Local income tax

es. \*\*\*

tax withheld or if you can take the earned income credit.

tax withheld of if you can take the earned income credit.

Earned income credit (EIC), You must like a tax return if carry amount is shown in low of the Income credit (EIC). You must like a tax return if carry amount is shown in low of the Income credit (EIC). You must like a tax return if carry of the Income credit in law of the Income credit in law of the Income credit in law you earned less than \$30,336 (\$31,338 if married filing jointly), by the law more than one qualifying child and you earned less than \$34,456 (\$35,458 if married filing jointly), You and any qualifying children must have valid social security numbers (\$55ks). You cannot take the EIC if your investment income is more than \$2,650. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$4,550 of the EIC in advance by completing form W-S, Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers. If you are not subject to

Clergy and religious workers, if you are not subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

and reagrous workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and Z and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2 (if your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-600-772-1213.

call 1-300-7/2-1213.

Check for excess taxes. If you had more than one amployer in 2004 and more than \$5,449.80 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to delim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,189.90 in Tier 2 RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040

Box 1. Enter this amount on the wages line of your tex

Box 2. Enter this amount on the Federal income tax withheld line of your tax return.

Box 8. This amount is not included in boxes 1, 3, 6, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Fonn 1040 or Form 1040A

behalf (including amounts from a section 125 caleteria)
plan). Any amount over \$5,000 also is included in box 1.

Do Que must complete Seneaule 2 (from 1940).

Zeel ( full and Dependent Care expenses, in compute 7/2 any toroble and nontaxeble amounts.

any taxaote and nontaxeole amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year defenal under a nonqualified or section 457(b) plan hat became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D. E. F. G. H. and SI under all plans are generally limited to S13,000 (\$16,000 for section 403(b) plans If you qualify for the 15-year rule explained in Pub. 571). However, if you were at least age 50 in 2004, your employer may have allowed an additional deferral or up to \$3,000 (\$1,500 for section 401(6)(11) and 408(b) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferral amounts in excess of the overall elective deferral mounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note: If a veer follows code D, E. F. G. H. or S. you made a

Interinstitutions of Point One Office of the Control of Point Office of Point

A—Uncollected social security or FIFTA tax on tips. (include this tax on Form 1040. See "Total Tax" in the Form 1040.

B-Uncollected Medicare tax on tips. (Include this tax on Form 1040, See "Total Tax" in the Form 1040 instructions.) C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base).

D—Elective deferrals to a section 401(k) cash or deterred arrangement. Also includes deferrals under a SIMPLE referencent account that is part of a section 401(k)

E-Elective deferrals under a section 403(b) salary

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(s) deferred (including nonelective deferrals) to a section 501(c)(18)(0) tax-exempt organization plan (see "Adjusted Gross Income" in the Form 1040 instructions for how to deduct)

J-Nontexable sick pay (information only, not included in boxes 1, 3, or 5)

K-20% excise tax on excess golden parachule payments (see "Total Tax" in the Form 1040 instructions) L-Substantiated employee business expense

relmbursements (nontaxable M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions)

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only) (see "Total Tax" in the Form 1040 instructions) P—Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) R—Employer contributions to your Archer MSA (see Form 8853, Archer MSAs and Long-Term Care insurance

S-Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1) T-Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). W-Employer contributions to your Health Savings Account (see new Form 8889, Health Savings Accounts)

new Form 8889, Heelth Savings Accounts)
Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.
Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filting your income tax return. However, to help profect your sectoral security benefits, leep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual flor workers over 25 Social Security Statement. This information is haring turnistion in them.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other senction may be imposed on you if this income is taxable and you fall to report it. Department of the Treasury - Internal Revenue Service

# NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

Department of the Treasury - Internal Revenue Service

This information is being furnished to the internal Revenue Service.

### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following city or local instructions):

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

## IMPORTANT NOTE:

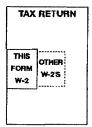
In order to insure efficient processing, attach this W-2 to your tax return like this (following state instructions):

Department of the Treasury - Internal Revenue

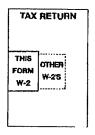
This information is being furnished to the Internal Revenue Service.

### IMPORTANT NOTE:

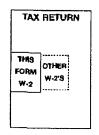
In order to insure efficient processing, attach ihis W-2 to your tax return like this following IRS instructions):



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

| se 3:07-cv <sup>4</sup> 00                                    | 617-MH                                | T- <b>T<sup>4</sup>P¹</b> M <sup>6</sup> | Document Ann                                      | ultipe,            | 14-2 Filed 0  | 5/07/20                | 08 <sup>43</sup> .                      | <b>35</b> a            | ge 75 Onesion                         |                                |
|---|---------------------------------------|--|---|--------------------|---|------------------------|---|------------------------|---------------------------------------|--------------------------------|
| 2b Taxable amount not determined                              | Total distribution                    |  |   | , IRAe,            | not determined  | Total<br>distribution  |   |                        | Profit-                               | s, IRA                         |
| PAYE  | t'S name, street ade                  | X city state                             | Contrac   | imence             |   | name, street add       | X                                       | rtate a                | Contre                                | ourenc<br>octs.etc             |
|   | MENT SERV                             |  | , wild all leads                                  |                    | ADP RETIDEM   |                        |   | J. 1310.1 C            |                                       |                                |
| PAYER'S Federal identificat                                   | ion number                            | RECIPIENTS                               | i Identification                                  |                    | PAYER'S Federal identification                                | number                 | RECIPIE                                 | NT'S k                 | dentification number                  |                                |
| 3 Саркая дамь (пилиона  | 4 Federal Inc                         | orne tax withheld                        | 5 Employee contribution                           |                    | 8 Capital gain (washes  | - 5                    | <br>Ome tex wir                         | H IDN                  |                                       |                                |
| in box 2a) O.O  |                                       | 0.00                                     | or insurance premium                              | 8                  | in box 2a)<br>O.OO  |                        | 0.0                                     | າດ                     | or insurance premiur                  | ns                             |
| 5 Net unrealized appraciate<br>in employer's securities       | on 7 Distribution                     |  |   | %                  | 5 Net unrealized appreciation in employer's securities        | 7 Distribution         |   | SEP!<br>SMPLE          | 8 Other                               | %                              |
| 0.0   |                                       |  | 0.00  |                    | 0.00  | 1                      |   |                        | 0.00                                  |                                |
| 9e. Your percentage of total                                  | distribution                          | 9b Total em                              | ployee contributions                              |                    | 9a Your percentage of total d                                 | etribution             | 9to Total                               | l empk                 | oyee contributions                    |                                |
| D.C. O.D. T. C.           |                                       | <u> </u>                                 | 0.00  |                    |   |                        |   |                        | 0.00                                  |                                |
| SMITH, MIC  |                                       | \$3 (inclept.no.)                        | ), city, state and ZIP code                       |                    | RECIPIENT'S name  SMITH, MICH                                 |                        | ss (incl. apt                           | i. no.),               | city, state and ZIP code              |                                |
| SAFETY OF SIGN FIRE   | ME 0000E                              |  |   |                    | LAFATELLE A   | 1                      |   |                        |                                       |                                |
| Apcount ·   |                                       |  | 18 State tax withheld<br>O. OC                    |                    | · · · · · · · · · · · · · · · · · · ·                         |                        |   |                        | 10 State tax withheld<br>O.O          |                                |
| 11 State/Payer's state no.                                    | AL                                    |  | 12 State distribution                             |                    | 11 Stale/Payer's state no.                                    | AL                     | *************************************** |                        | 12 State distribution                 |                                |
| 13 Local tax withheld   | 14 Name of k                          | ocality                                  | 15 Local distribution                             |                    | 13 Local tax withheld   | 14 Name of to          | ocality                                 |                        | 15 Local distribution                 |                                |
| File this copy with y<br>local income tax ret                 |                                       |  | Department of the T<br>Internal Revenue Se        | ireasury<br>ervice | File this copy with yo local income tax retu                  |                        |   |                        | Department of the<br>Internal Revanue | Treating<br>Service            |
| Form 1099-R   | CORRECTED                             |  | _OMB No 1545-0119 <b>20</b>                       | 04                 | Form 1099-R   | CORRECTED              | ) (if check                             | ed)                    | CMB No 1545-0118 <b>20</b>            | 04                             |
| 1 Gross distribution 43.3                                     | 2a Taxable a                          | 43.35                                    | Distributions<br>Pensions, Ann<br>Retirem         | uitics,            | 1 Gross distribution 43.3                                     | 2a Taxable a           | mount<br>43.                            | 35                     | Distribution<br>Ponsions, An          | nuities,                       |
| 2b Taxable amount not determined                              | Total<br>distribution                 |  | Profit-Si<br>Plens,                               | haring             | 2b Taxable amount not determined                              | Total<br>distribution  |   |                        | Profit-<br>Plan                       | ment or<br>Sharing<br>e, IRAs, |
| PAYER   | 'S name, street add                   | X ress, city, state.                     | Contrac   |                    | PAYER'S   | name, street add       | X city s                                | tale a                 | Contra                                | eta,etc.                       |
| ADP RETIRE  | MENT SERVI                            | CES                                      |   |                    | ADP RETIREM<br>11 NORTHEAS<br>SALEM NH 03                     | ENT SERVI<br>FERN SLVD | CES                                     |                        |                                       |                                |
| PAYER'S Federal Identification                                | on number                             | RECIPIENTS                               | kien-Hirestee must                                |                    | PAYER'S Federal Identification                                | number                 | RECIPIEN                                | NT'S Id                | lentification number                  |                                |
| in box 2a)  | 4 Federal inco                        | The tax withheld                         | 5 Employee contributions<br>or insurance premiums | <b>s</b>           | in box (a)  | 4 Federal inco         | MINO TELL VINES                         | n POPU                 | or insurance premium                  | ns<br>16                       |
| O.O<br>Net unrealized appreciatio<br>in employer's securities |                                       | C . OO<br>Code Serv<br>Self/LE           |   | %                  | O.OO     Net unrealized appreciation in employer's securities | 7 Distribution         | O.O<br>eboo                             | IRAV<br>SEPV<br>SIMPLE | 0.00<br>B Other                       | 1 %                            |
| 0.0   |                                       |  | 0.00  |                    | 0.00  | 1                      |   |                        | 0.00                                  |                                |
| a Your percentage of total                                    | RSVIDULION                            | 9to Total emp                            | loyee contributions                               |                    | 9a Your percentage of total dis                               | tribution              | 9b Total                                | emplo                  | eyea contributions                    |                                |
| RECIPIENT'S nam   | e and sireet address                  | Se line   ppt po )                       | O . OO  |                    | DECIDIENTE some   | and shoot add.         | 1 - 1 - 1                               |                        | 0.00<br>city, state and ZIP code      |                                |
| SMITH, MIC  |                                       | is tines, apr. no.;                      | , cry, sume and zir code                          |                    | SMITH, MICH   |                        | ss (inci. apt.                          | . no.), (              | CRY, STATE AND ZIP CODE               |                                |
| LAFATEIIE   | AL 3600c                              |  |   |                    | Larara  |                        |   |                        |                                       |                                |
| Account num   | · · · · · · · · · · · · · · · · · · · |  | 10 State tax withheld<br>0.00                     | <br>>              | Account number (  |                        | · · · · · · · · · · · · · · · · · · ·   |                        | 10 State tax withheld O.O.            |                                |
| 1 State/Payer's state no                                      | AL                                    |  | 12 State distribution                             |                    | 11 State/Payer's state no.                                    | AL                     |   |                        | 12 State distribution                 | -                              |
| 3 Local tax withheld  | 14 Name of to                         | cality                                   | 15 Local distribution                             |                    | 13 Local tax withheld   | 14 Name of lo          | ocality                                 |                        | 15 Local distribution                 |                                |
|   |                                       |  |   |                    | ***   |                        |   |                        |                                       |                                |

Copy C For Recipient's Records

Internal Revenue Service Company In this form shows Federal Income Internal Revenue Service Page 11 has withhold in Roy & attach this

The state would be completed to provide the control would be seen as the c

Fig. Permission Brit, armain, G.—Dunce rester, of the clause of a reliable state of a processional calleting and as the variety of the clause of the control to the control

Instructions for Recipient
Generally, destrictions for Recipient
Generally, destrictions from percent, attracted, prest area of an destriction of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the specific of the second of the se

Lump Sam Disknotisons il you nave not reached marmom edicatere il age, rezont your disability popyments or mis ins 'o' Nuippia, admine tipo etc. Alam majare en mis tres consecutation in the state of t

# **SMITH DEFENDANT'S EXHIBIT**

Retirns 51 and 11 and 12 and 1

ocsander magne 25.

nain Pas Relarn for nainteram of 3 pears

12

|   | Case 3:07-cv-006                   | US THE MEAN JOIN 1 TO PORT IN 2005, OF OTHER TOM YEAR PERIOR IN 1997 TO THE CONTROL OF THE CONTR | Your social security number                            |
|---|------------------------------------|--|--|
|   |                                    | a joint return . Storrer, siret uause Mt Cast name   |  |
|   | Use the<br>IRS label.              |  | Spouse's social security number                        |
|   | Otherwise,                         | ome address (number and street). If you have a P.O. box, see instructions.  Apartment  | no. You must enter your                                |
|   | please print<br>or type            | ty. town or post onice. In you nove a rough address, See instructions. Slate 21P code  | social security number(s) above.                       |
|   | Presidential                       |  | Checking a box below will not                          |
|   | Election<br>Campaign               | AFAXETTE, AL 36862  Check here if you, or your spouse if filing parity, want \$3 to go to this fund? (see instructions)  | change your tax or refund.  You Spouse                 |
|   | Filing Status                      | 1 Single 4 X Head of household (w  | vith qualifying person). (See                          |
|   | _                                  | but not your depende   | ualifying person is a child<br>int, enter this child's |
|   | Check only one box.                | Training street and the street and t | dependent child (see instructions)                     |
|   | Exemptions                         | Yourself. If someone can claim you as a dependent, do not check box 6a     Spouse.   | Buxes checked on 6e and 6b                             |
|   |                                    | c Dependents: (2) Dependent's social security relationship   | (4) Vit on 6c who: qualifying fived with you           |
|   |                                    | (1) First name Last name to ye   | tax credit • did not (see insirs) live with you        |
|   |                                    |  | due to divorce or separation (see instrs)              |
|   | If more than                       |  | Dependents<br>on 6c not                                |
|   | four dependents, see instructions. |  | entered above .  |
|   |                                    | d Total number of exemptions claimed.  | on lines   |
|   | I                                  | 7 Wages, salaries, tips, etc. Attach Form(s) W-2   | 7  |
|   | Income                             | Ba Taxable interest. Attach Schedule B if required.  b Tax-exempt interest, Do not include on line 8a  | 8a 101   |
| 1 | Attach Form(s)                     | 9a Ordinary dividends. Attach Schedule B if required   |  |
|   | W-2 here. Also                     | b Qualfo divs<br>(see instrs) 9b   | 3.   |
|   | attach Forms<br>W-2G and 1099-R    | Taxable refunds, credits, or offsets of state and local income taxes (see instructions)  | 10   |
|   | if tax was withheld.               | 11 Alimony received  | . 11   |
|   | If you did not                     | 12 Business income or (loss). Attach Schedule C or C-EZ  | 12 30,232  |
|   | get a W-2,<br>see instructions.    | 14 Other gaths or (losses). Attach Form 4797.  | 13 8   |
|   |                                    | 15a IRA distributions 15a b Taxable amount (see in   |  |
|   |                                    | 16a Pensions and annuities 16a b Taxable amount (see in:   | strs) . 16b  |
|   |                                    | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedi   | ule E 17   |
|   | Enclose, but do<br>not attach, any | 18 Farm income or (loss) Attach Schedule F   | 18   |
|   | payment. Also.                     | 19 Unemployment compensation   | 19   |
|   | please use<br>Form 1040-V.         | 20 a Social security benefits  | strs) 20 b   |
|   |                                    | 22 Add the amounts in the far right column for lines 7 through 21. This is your total income.  | 22 30,344  |
|   |                                    | 23 Educator expenses (see instructions)  | 30,333   |
|   | Adjusted<br>Gross                  | 24 Cenam business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  |  |
|   | Income                             | 25 Health savings account deduction. Attach Form 8889 . 25   |  |
|   |                                    | 26 Moving Expenses. Attach Form 3903 26  |  |
|   |                                    | 27 One-half of self-employment tax. Attach Schedule SE   |  |
|   |                                    | 28 Self-employed SEP, SIMPLE, and qualified plans . 28   |  |
|   |                                    | 29 Self-employed health insurance deduction (see instructions)   |  |
|   |                                    | 30 Penalty on early withdrawal of savings  |  |
|   |                                    | 31 a Alimony pard b Recipient's SSN  |  |
|   |                                    |  | 500.   |
|   |                                    |  |  |
|   |                                    | 34 Judion and fees deduction (see instructions) 34 Judion and fees deduction (see instructions) 35 Judion and fees deduction. Attach Form 8903 35 Judion and fees deduction.   |  |
|   |                                    | 36 Add lines 23 - 31a and 22 - 35  | . 36   |
|   |                                    | 37 Subtract line 36 from line 22. This is your adjusted gross income   | .  30  |

| Deduction                           | o ii your spouse itemizes on a separate return, or you were a   |   |                                      |
|-------------------------------------|---|---|--------------------------------------|
| toy 77-cv-00                        | alien, see instructions and check here 6 407 - Medizer defluctions (from Distriction of Polar Standard deduction (see   | 39b ←<br>  39b   39b                          | 00-80 of 80 - 2 222                  |
| checked any box                     | 41 Subtract line 40 from line 38  |   | 19 0 of 80 7,300.                    |
| on line 39a or                      |   |   | 41 22,544.                           |
| 39b or who can be claimed as a      | 42 If line 38 is ever \$109,475, or you provided liousing to a person displaced by<br>instructions. Otherwise, multiply \$3,200 by the total number of exemptions of                  | r Hurricane Navilla, see<br>laimed on line 6d | . 42 6,400.                          |
| dependent, see                      | 43 Taxable incorne. Subtract time 42 from line 41.  If line 42 is more than line 41, enter -0-  |   | 43 16,144.                           |
| instructions.                       | 44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form  |   |                                      |
| All others:                         |   |   |                                      |
| Single or Married                   | AA AAAA AAAA  |   | 45 0.                                |
| filing separately.                  |   | , ,   | <b>► 46</b> 1,896.                   |
| \$5,000                             | 47 Foreign tax credit. Attach Form 1116 if required   | . 47  | _                                    |
| Married filing                      | 48 Credit for child and dependent care expenses. Attach Form 2441   | · 48  | -                                    |
| jointly or                          | 49 Credit for the elderly or the disabled, Altach Schedule R .  |   | _                                    |
| Qualifying widow(er),               | 50 Education credits, Atlach Form 8863.   | 50  | _                                    |
| \$10,000                            | 51 Retirement savings contributions credit. Attach Form 8880.   |   | <u>i.</u>                            |
| Head of                             | 52 Child tax credit (see instructions), Attach Form 8901 if required  | 52  |                                      |
| household.                          | 53 Adoption credit. Attach Form 8839.   | .   53  | 7                                    |
| \$7,300                             | 54 Credits from: a Form 8396 b Form 8859  | . 54  |                                      |
| 1                                   | 55 Other credits. Check applicable box(es): a Form 3800   |   | 7                                    |
| · ·                                 | b Form c Form   | 55  |                                      |
|                                     | 56 Add lines 47 through 55. These are your total credits  |   | . 56 46.                             |
| ·                                   | 57 Subtract line 56 from line 46. If line 56 is more than line 46   | , enter -0                                    | <b>► 57</b> 1,850.                   |
|                                     |   |   | . 58                                 |
| Other                               | 59 Social security and Medicare lax on tip income not reported to employer. All   | ach Form 4137                                 | . 59                                 |
| Taxes                               | 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 53:   | 29 if required                                | . 60                                 |
|                                     | 61 Advance earned income credit payments from Form(s) W-2   |   | . 61                                 |
|                                     | 62 Household employment taxes. Attach Schedule H  |   | . 62                                 |
|                                     | 63 Add lines 57-62. This is your total tax  |   | ► <b>63</b> 1,850.                   |
| Payments                            | 64 Federal income tax withheld from Forms W-2 and 1099  | . 64  | _                                    |
| If you have a                       | 65 2005 estimated tax payments and amount applied from 2004 return  |   | <u>넥</u>                             |
| qualifying<br>child, atlach         | 66a Earned income credit (EIC).  b Nontaxable combat pay electron. ► 66 b   | . 66a   |                                      |
| Schedule EIC.                       | 67 Excess social security and her 1 RRTA tax withheld (see instructions)  | 67  |                                      |
|                                     | 68 Additional child tax credit. Attach Form 8812  |   | _{                                   |
|                                     | 69 Amount paid with request for extension to file (see instructions).   |   |                                      |
|                                     | 70 Payments from: a Form 2439 b Form 4136 c Form 888  | 70  | 1                                    |
|                                     | 71 Add imes 64, 65. 66a, and 67 through 70. These are your total payments   | 7 7 7   |                                      |
| <b>6</b> - 7 1                      | 72 If line 71 is more than line 63, subtract line 63 from line 71. This is the amo  | <del></del>                                   | 2,096.                               |
| Refund                              | marks A a / AT  | •   | 72 246.                              |
| Direct deposit?<br>See instructions |   | <u></u>                                       | 754                                  |
| and fill in 73b.                    | ► di Account number   | Checking Savings                              | •                                    |
| 73c, and 73d.                       |   | <u>► 74</u> 246                               |                                      |
| Amount                              |   |   | )                                    |
| You Owe                             | 75 Amount you owe. Subtract line 71 from line 63. For details on how to pay, s 76 Estimated tax penalty (see instructions)  | I 1   | 75                                   |
|                                     | Do you want to allow another person to discuss this return with the IRS (see instruc-   | 76  |                                      |
| Third Party Designee                | Designee's Propago  | nons)/ X Yes. Co                              | Personal identification number (PIN) |
|                                     |   | cohodulas and plate-nest-                     | number (PIN)                         |
| Sign<br>Here                        | Under penallies of perjury, I declare that I have examined this return and accompanying<br>belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer | ) is based on all information of which i      | preparer has any knowledge           |
| Joint return?                       | Your signature Date   | Your occupation                               | Daytime phone number                 |
| See instructions.                   | <u> </u>  | SALESMAN                                      |                                      |
| Кеер а сору                         | Spouse's signature. It a joint return, both must sign. Date   | Spouse's occupation                           |                                      |
| for your records.                   | <b>)</b>  |   |                                      |
|                                     | Preparer's Date   |   | Preparer's SSN or PTIN               |
| Paid                                | signature Alexander G Walton 3/23   | 1/06 Check if self-employed                   | <u>_</u>                             |
| Preparer's                          | Firm's name A1  |   | •                                    |
| Use Only                            | cr "cras ri<br>seri-ampoyeo)  | £:N   |                                      |
|                                     | address and<br>IP code  | Phone   | าอ                                   |
|                                     |   |   |                                      |

|   | artiment of the Treasury  | Partnerships, joint vents  | ures, etc., must file Form 1065 or 1065-B.<br>-4 Sep Instructions (ng Schedule G (Form   | 1000> ~              | Altacament 09                                    |
|---|---|--|--|----------------------|--|
| COPE                                    | e of proprietor   |  | 493 1134 1166 10570772008 11   |                      | CH   (3) GOIGH No. US<br>curity number (SSN)     |
| MI                                      | CHAEL S SMITH   |  | •  | ,                    | , and the same same same same same same same sam |
| A                                       | Principal business or profession, include   | ding product or service (see instructions)                                   |  | B Enter              | code from instructions                           |
| *****                                   | BREAD SALESMAN  |  |  | - 722                | 2300   |
| С                                       | Business name If no separate business   |  |  | D Emplo              | yer 10 number (EIN), if any                      |
|   | FLOWERS BAKING BRE  |  |  |                      |  |
| Ε                                       | Business address (including scale or in<br>City, town or post office, state, and ZF   | om no.) -  |  |                      |  |
|   | Accounting method: (1)  |  | (2) Ohns (cross) =   |                      |  |
| G                                       |   |  | (3) Other (specify) > ess during 2005? If 'Nc,' see instructions to  | or limit o           | in losses. X Yes No                              |
| н                                       | If you started or acquired this   |  |  | OF BILLIA            | III lusses. A les                                |
| Par                                     |   |  |  | · · · ·              |  |
| 1                                       | Gross receipts or sales. Cau  | tion. If this income was reported  | d to you on Form W-2 and the   |                      |  |
|   | 'Statutory employee' box on   | that form was checked, see the   | e instructions and check here  | x                    | 1 65,346.  |
|   | Returns and allowances  |  |  |                      | 2  |
| 3                                       |   |  |  | [                    | <b>3</b> 65,346.                                 |
| 4                                       | Cost of goods sold (from line   | 42 on page 2)  |  | · · · · · · <u> </u> | 4 -20.   |
| 5                                       | Gross profit. Subtract line 4   | from line 2  |  | İ                    | - 65.266   |
| 5                                       |   | ral and state gasoline or fuel to  | overadil or refund   | · ··· -              | 5 65,366.  |
| _                                       | cares meanie, metabling i ede   | nai and state gasonine or ruer u   | ax credit of reignal   |                      | 6 300.   |
| 7                                       | Gross income. Add lines 5 a   | nd 6.  |  | -                    | 7 65,666   |
| Par                                     |   | expenses for business use of y   |  | • •                  | 7 05,000.  |
| 8                                       | Advertising   | 8  | 78 Office expense  |                      | 18   |
| 9                                       | Car and truck expenses  |  | 19 Pension and profit-sharing plans  |                      | 19   |
|   | (see instructions)  | 9 12,169   | . 20 Rent or lease (see instructions):   | Γ                    |  |
| 10                                      | Commissions and fees  | 10   | a Vehicles, machinery, and equipme   | nt                   | 2 <b>0a</b> 7,026.                               |
| 17                                      | Contract labor  |  | <b>b</b> Other business property   | -                    | 20b 1,352.                                       |
| 70                                      | (see instructions).   | 11   | 21 Repairs and maintenance   | H-                   | 21 1,084.  |
|   | Depletion Depreciation and section  | 12   | 22 Supplies (not included in Part III)   |                      | 22 1,419.  |
| ,,                                      | 179 expense deduction   |  | 23 Taxes and licenses  | · · · ·  -           | 23 347.  |
|   | (not included in Part III) (see instructions)   | 13   | 24 Travel, meals, and entertainment:  a Travel   | );                   | 24a  |
| 14                                      | Employee benefit programs   |  |  |                      |  |
|   | (other than on line 19)   |  | b Deductible meals and entertainmen  | nt                   | 24b  |
|   | Insurance (other than health).  | 15 1,984.  | <b>-</b>   |                      | 25   |
|   | Interest:   | 1  | 26 Wages (less employment credits).  | <u>L</u> i           | 26   |
|   | Mortgage (paid to banks, etc) Other   | 16a  | 27 Other expenses (from line 48 on page 2)   | [2                   | 27 4,709.  |
|   | Legal & professional services   | 16b 5,344.   |  |                      |  |
| *************************************** |   |  | Add lines 8 through 27 in columns  | . > ;                | 28 35,434.                                       |
|   | ,   |  | The Miles of | ·                    | 35,434.  |
| 29                                      | Ternative profit (loss). Subtract   | ct line 28 from line 7   |  |                      | 30,232.  |
| 30                                      | Expenses for business use of  | your home. Attach Form 8829  |  | <b></b>              | 30   |
| 31                                      | Net profit or (loss). Subtract I  | ine 30 from line 29.   |  |                      |  |
|   | • If a profit, enter on Form 10   | 140, line 12, and also on Sched  | dule SE, line 2 (statutory   |                      |  |
|   | <ul><li>employees, see instructions).</li><li>If a loss, you must go to lin</li></ul> | Estates and trusts, enter on Fo  | orm 1041, line 3.  | تا                   | 30,232.  |
| 32                                      |   |  | nent in this activity (see instructions).  |                      |  |
|   |   |  |  | -                    |  |
|   | (statutory employees, see ins   | ne loss on F <b>orm 1040, line 12, a</b><br>tructions), Estates and trusts = | and also on Schedule SE, line 2<br>enter on Form 1041, line 3  | .                    | All investment is                                |
|   |   | y  |  | F 1                  | 32 a at risk.                                    |
|   | • If you checked 32b, you mu  | st attach Form 6198. Your loss   | may be iimited.  | و ا                  | Some investment is not at risk.                  |
| BAA                                     | For Paperwork Reduction Ac  | t Notice, see Form 1040 instru   | ctions.  | Scl                  | Secule C (Form : 040) 2008                       |

70.703.00

| Case 3:03    | Method(s) used to value closing inventory a Cost b Lower of cost or market c Cother (attach of Covernment 114-3 Filed 05/07/2008 Pag Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation | explanation) 6 2 Of 83                  |
|--------------|---|---|
| 35           | Inventory at beginning of year. If different from last year's closing inventory, attach explanation.  | 35                                      |
| 36           | Purchases less cost of items withdrawn for personal use.  | 36                                      |
| 37           | Cost of labor. Do not include any amounts paid to yourself  | 37                                      |
| 38           | Materials and supplies  | 38                                      |
| 39           | Other costs   | 39 -20.                                 |
| 40           | Add lines 35 through 39   | 40 -20.                                 |
| 41           | Inventory at end of year  | 41                                      |
| _42          | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  | 42 -20.                                 |
| Pa           | Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file  |   |
| 43           | When did you place your vehicle in service for business purposes? (month, day, year) = 1/02/02  | · ·                                     |
|              | Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle Business 1,301 b Commuting cOther 6,34   |   |
|              |   |   |
| 45           | Do you (or your spouse) have another vehicle available for personal use?  | X Yes No                                |
| 46           | Was your vehicle available for personal use during off-duty hours?  | 🗓 Yes 🗌 No                              |
| 47           | a Do you have evidence to support your deduction?   | X Yes No                                |
| <u> </u>     | b if "Yes," is the evidence written?  | X Yes No                                |
|              | tV Other Expenses. List below business expenses not included on lines 8-26 or line 30.  |   |
| Ac           | counting  | 240.                                    |
| <u>A</u> dı  | ministration  | 520.                                    |
| Am           | ortization  | 3,256.                                  |
| <u>_Re</u> . | lief Driver   | 50.                                     |
| <u>Te</u>    | 1ephone   | 643.                                    |
|              |   | -                                       |
|              |   |   |
| ng na        |   |   |
| <u></u>      |   |   |
| 48           |   | 48 4,709.<br>cnedule C (Form 1040) 2005 |

4 ----

Sequence IVO. 144 Name(s) shown on Form \*040 Your social security number Page 3 of 83 Case 2007 ECVS OSIG17 - MHT-TFM Document 114-3 Filed 05/07/2008 Short-Term Capital Gains and Losses — Assets Held One Year or Less (C) Date sold (Mo. day. yr) (d) Sales price (see ristructions) (a) Description of (b) Date acquired (e) Cost or other basis (f) Gain or (loss) property (Example: 100 shares XYZ Co) (see instructions) Subtract (e) from (d) (Mo. day, yr) 2 Enler your short-term totals, if any, from Schedule D-1, line 2 2 3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)... 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824. 5 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions 6 7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)...... 7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of (b) Date acquired (C) Date sold (d) Sales price (e) Cost or other basis (f) Gain or (loss) property (Example: 100 shares XYZ Co) (Mo. day, yr) (Mo. day, yr) (see instructions) Subtract (e) from (d) .585 Shs Walmart, Inc. Various 3/15/05

| ,  |   |         |                       |                |       |             |            |
|----|---|---------|-----------------------|----------------|-------|-------------|------------|
| 9  | Enter your long-term totals, if any, from Schedule D-1, line 9.                                 | 9       |                       |                |       |             |            |
| 10 | Total long-term sales price amounts. Add lines 8 and 9 in column (d)                            | 10      | 30.                   |                |       |             |            |
| 11 | Gain from Form 4797. Part I; long-term gain from Forms 2439 air Forms 4684. 6781, and 8824      | nd 625  | 2: and long-term gain | or (loss) from | 11    |             |            |
| 12 | Net long-term gain or (loss) from partnerships, S corporations, e                               |         |                       |                | 12    |             |            |
| 13 | Capital gain distributions. See instrs  |         |                       |                | 13    |             |            |
| 14 | Long-term capital loss carryover. Enter the amount, if any, from Worksheet in the instructions. | line 13 | of your Capital Loss  | Carryover      | 14    |             |            |
| 15 | Net long-term capital gain or (loss). Combine lines 8 through 14 page 2                         |         |                       |                | 15    |             | 8.         |
| AA | For Paperwork Reduction Act Notice, see Form 1040 instruction                                   | ns.     |                       |                | Sched | ule D (Form | 1040) 2005 |

| e 3 | Combine lines Jand 15 and enter the result If line 16 is a loss; slop lines 17 through 20 and go 21.  | . Pa | ge 4 of 83 | 8. |
|-----|---|------|------------|----|
| 17  | Are lines 15 and 16 both gains?   |      |            |    |
|     | X Yes. Go to line 18.   |      |            |    |
|     | No. Skip lines 18 through 21, and go to line 22.  |      |            |    |
| 18  | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions  | 18   |            | 0. |
| 19  | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions  | 19   |            |    |
| 20  | Are lines 18 and 19 both zero or blank?   |      |            |    |
|     | [X] Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040. Do not complete lines 21 and 22 below. |      |            |    |
|     | No. Complete Form 1040 through line 43, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.  |      |            |    |
| 21  | If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:   |      |            |    |
|     | <ul> <li>The loss on line 16 or</li> <li>(\$3.000), or if married filing separately, (\$1.500)</li> </ul>   | 21   |            |    |
|     | Note. When figuring which amount is smaller, treat both amounts as positive numbers.  |      |            |    |
| 22  | Do you have qualified dividends on Form 1040, line 95?  |      |            |    |
|     | Yes. Complete Form 1040 through line 43, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.  |      |            |    |
|     | No. Complete the rest of Form 1040.   | 1    |            |    |

**CUUD** 

(b) Your spouse

(a) You

Document 1 Septimination of the Document 1 Septimination of th Your social security num

MICHAEL S SMITH

CAUTION: You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38, or Form 1040A, line 22, is more than \$25,000 (\$37,500 if head of household: \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1988. (b) is claimed as a dependent on someone else's 2005 tax return, or (c) was a student (see instructions)

| Traditional and Ro-<br>rollover contribution                    |   | for 2005. Do not in   | clude   |   | 50  | 0.  |   |     |
|---|---|---|---|---|---|-----|---|-----|
| Elective deferrals (<br>employee contribu<br>(see instructions) | tions, and 501(c)(1-  | qualified employer<br>B)(D) plan contribute<br>                               | plan, voluntary<br>ons for 2005                                     | 2   |   |     |   |     |
| Add lines 1 and 2   |   |   |   | . 3   | 50  | 0.  |   |     |
| extensions) of you  | 2005 tax return (s  | 02 and <b>before</b> the diee instructions). If not columns. See instructions | narried filmo iointly   | . 4   | 4   | 13. |   |     |
| Subtract line 4 from  | n line 3. If zero or  | less, enter -0  |   | 5   | 45  | 7.  |   |     |
| In each column, ei  | iter the smaller of   | kne 5 or \$2,000  |   | 6   | 45  | 7.  |   | `   |
|   |   |   |   |   |   | İ   |   |     |
| Add the amounts of  | in line 6. If zero. st  | op; you cannot take   | this credit   |   |   | . 7 |   | 457 |
|   | •   | ·   |   | 1   | 29,84   |     |   |     |
| Enter the amount  Enter the applicab  If line                   | •   | shown below:  | And your filing s   |   |   |     |   |     |
| Enter the applicab  | e decimal amount  | ·   |   | tatus is-                                       | arried filing   |     |   |     |
| Enter the applicab  | e decimal amount  | shown below:  Married filing jointly  | And your filing st<br>Head of<br>household                          | tatus is—<br>Sıngle, M:<br>separa               |   |     |   |     |
| Enter the applicab  | e decimal amount 8 is—  But not over—   | shown below:  Married filing jointly  Enter or                                | And your filing st<br>Head of<br>household<br>time 9~               | tatus is—<br>Sıngle, M<br>Separa<br>Qualifyinç  | arried filing<br>ately, or<br>g widow(er)                                 |     |   |     |
| Enter the applicab  If line  Over—                              | But not over—   | shown below:  Married filing jointly  | And your filing st<br>Head of<br>household<br>I line 9~<br>.5       | tatus is—<br>Sıngle, Mi<br>Separa<br>Qualifying | arried filing   |     |   |     |
| Enter the applicab  If line  Over—  \$15,000                    | e decimal amount 8 is—  But not over—   | Shown below:  Married filing jointly  Enter or                                | And your filing st<br>Head of<br>household<br>time 9~               | tatus is—<br>Sıngle, M<br>Separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er)                                 | 9   | x | 0.  |
| Enter the applicab  If line  Over—                              | But not over-\$15,000   | Shown below:  Married filing jointly  Enter or  5                             | And your filing st<br>Head of<br>household<br>a line 9~<br>.5<br>.5 | tatus is—<br>Sıngle, M<br>separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) ·<br>.5<br>.2                   |     | Х | 0.  |
| Over— \$15,000 \$16,250   | But not over-<br>\$15,000<br>\$16,250<br>\$22,500                             | shown below:  Married filing jointly  Enter or 5 5 5                          | And your filing st<br>Head of<br>household<br>I line 9~<br>.5<br>.5 | tatus is—<br>Sıngle, M<br>separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) ·<br>.5<br>.2                   |     | х | 0.  |
| Over— \$15,000 \$16,250 \$22,500                                | But not over- \$15,000 \$16,250 \$22,500 \$24,375                             | shown below:  Married filing jointly  Enter or 5 5 5 .5                       | And your filing st<br>Head of<br>household<br>I line 9~<br>.5<br>.5 | tatus is—<br>Sıngle, M<br>separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) ·<br>.5<br>.2<br>.1             |     | х | 0.  |
| Over— \$15,000 \$16,250 \$22,500 \$24,375                       | But not over— \$15,000 \$16,250 \$22,500 \$24,375 \$25,000                    | shown below:  Married filing jointly  Enter or 5 5 5 .5                       | And your filing st<br>Head of<br>household<br>I line 9~<br>.5<br>.5 | tatus is—<br>Sıngle, M<br>Separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) :<br>.5<br>.2<br>.1<br>.1       |     | х | 0.  |
| Over— \$15,000 \$16,250 \$22,500 \$24,375 \$25,000              | But not over— \$15,000 \$16,250 \$22,500 \$24,375 \$25,000 \$30,000           | shown below:  Married filing jointly  Enter or 5 5 5 5 .5 .5                  | And your filing statement of household a line 9~  .5 .5 .5 .5 .2 1  | tatus is—<br>Sıngle, M<br>Separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) :<br>.5<br>.2<br>.1<br>.1       |     | х | 0.  |
| Over- \$15,000 \$16,250 \$22,500 \$24,375 \$25,000 \$30,000     | But not over—  \$15,000 \$16,250 \$22,500 \$24,375 \$25,000 \$30,000 \$32,500 | shown below:  Married filing jointly  Enter or 5 5 5 5 .5 .5                  | And your filing statement of household a line 9~  .5 .5 .5 .5 .1 .1 | tatus is—<br>Single, M<br>Separa<br>Qualifying  | arried filing<br>ately, or<br>g widow(er) :<br>.5<br>.2<br>.1<br>.1<br>.1 |     | х | 0.2 |

\*See Publication 590 for the amount to enter if you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico.

BAA For Paperwork Reduction Act Notice, see instructions.

14 Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 13 here and on

Form 8880 (2005)

10

13

1,896.

46.

46.

1,896.

| 1/23/06   |                    |            |                  |             |     |   |
|---|--------------------|------------|------------------|-------------|-----|---|
| Wage Schedule   |                    |            |                  |             |     |   |
| Marin area in the San San San San San San San San San San | P3                 | Federal    | DIGE             | Medi-       |     | ] |
| Taxpayer - Employer FLOWERS BAKING CO. OF OPELIKA         | Wages              | <u>W/H</u> | _FICA_           | _care_      | W/H | _ |
| Grand Total   | 65,346.<br>65,346. | <u> </u>   | 2,827.<br>2,827. | <u>661.</u> | 0.  | _ |
| =   |                    |            |                  |             |     | _ |
|   |                    |            |                  |             |     |   |
| Form 1040, Line 8a<br>Interest Income                     |                    |            |                  |             |     |   |
| FARMERS & MERCHANTS BANK                                  |                    |            |                  | Tota        | al  |   |
|   |                    |            |                  |             |     |   |
| Form 1040, Line 9a<br>Dividend Income                     |                    | •          |                  |             |     |   |
| WALMART, INC. ASOP  |                    |            |                  |             |     |   |
|   |                    |            |                  | Tota        | al  |   |
| Form 1940, Line 9b<br>Qualified Dividends                 |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
| WALMART, INC. ASOP  |                    |            |                  | Tota        | al  |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |
|   |                    |            |                  |             |     |   |

Case 3:07-cv-00617-MHT-TFM Document Michaels Singal 05/07/2008 Page 7 of 83 3/23/06 IRA Deduction Worksheet (Form 1040, Line 32) Taxpayer Were you covered by a retirement plan? YES (for either if MFJ). Go to line 2. NO (for both if MFJ). Skip lines 2-6. Enter \$4,000 (or \$4,500 if age 50 or older) on line 7. Then go to line 8. 2. Enter the threshold for your filing status. 3. Enter the amount from Form 1040, line 22. Add amounts on Form 1040, lines 23 through 31a, and any amount entered next to line 36.
 Subtract line 4 from line 3 (not < 0).</li>
 Subtract line 5 from line 2 (not < 0).</li>
 Multiply line 6 by 40% (or by 45% if age 50 or over). Round up to the next multiple of \$10. If the result is more than zero and less than \$200, enter \$200. If the result is more than \$4,000 (or \$4,500 if age 50 or older), enter \$4,000 (or \$4,500).
 Enter wages and other earned income, minus any deductions on Form 1040, lines 27 and 28. Do not reduce wages by any loss from self-employment. 4. Add amounts on Form 1040, lines 23 through 31a, 4,000. by any loss from self-employment. 65,346. Deductible IRA Contributions: 9. Enter IRA contributions you made, or will make by April 17, 2006, for 2005. 10. Enter the smallest of line 7, 8 or 9. 500. This is the most you can deduct on Form 1040, line 32. 500. Nondeductible IRA Contributions:

11. Subtract line 10 from the smaller of line 8 or line 9. Enter the part you choose to make nondeductible on Form 8606, line 1.

| 3/23/06  Case B:07-cy-00617-MHT-TFM Document 114-3 Filed 05/07/2008  Qualified Dividends and Capital Gain Tax Worksheet (Form 1040, Line 44)  | <sup>06:23PM</sup><br>Page 8 of 83 |
|---|------------------------------------|
| 1. Enter the amount from Form 1040, line 43 2. Enter the amount from Form 1040, line 9b 3. Are you filing Schedule D?   | <b>16,144</b> .                    |
| <ul> <li>[X] Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero</li> <li>[] No. Enter the amount from Form 1040, line 13</li> <li>4. Add lines 2 and 3</li> <li>5. If you are claiming investment interest expense</li> </ul> | 8.<br>11.                          |
| on Form 4952, enter the amount from line 4g of that form. Otherwise enter zero.  6. Subtract line 5 from line 4. If zero or less, enter zero.   | 0.                                 |
| <ol> <li>Subtract line 6 from line 1. If zero or</li> </ol>   | 11.                                |
| less, enter zero. 8. Enter the smaller of:  | 16,133.                            |
| The amount on line 1, or \$29,700 if single or married filing separately, \$59,400 if married filing jointly or qualifying widow(er), \$39,800 if head of household.  | 16,144.                            |
| 9. Is the amount on line 7 equal to or more than the amount on line 8? [ ] YES. Skip lines 9 through 11; Go to line 12 and check the "No" box   | 10,131.                            |
| <pre>[X] NO. Enter the amount from line 7 10. Subtract line 9 from line 8 11. Multiply line 10 by 5% (.05) 12. Are the amounts on lines 6 and 10 the same? [X] YES. Skip lines 12 through 15;</pre>   | 16,133.<br>11.<br>1.               |
| line 6 13. Enter the amount from line 10. (If line 10 is blank, enter zero.) 14. Subtract line 13 from line 12. 15. Multiply line 14 by 15% (.15) 16. Figure the tax on the amount on line 7.   | İ                                  |
| (Use the Tax Table or Tax Computation Worksheet) 17. Add lines 11, 15, and 16 18. Figure the tax on the amount on line 1.   | 1,896.<br>1,897.                   |
| (Use the Tax Table or Tax Computation Worksheet)  19. Tax on all taxable income (including capital gain distributions). Enter the smaller of line 17 or line 18 here and on   | 1,896.                             |
| Form 1040, line 44  | 1,896.                             |
|   | •                                  |

| 2003   | venicie/Unreimbursed Expenses  | Page 1  |
|--|--|---|
| 7-cv-00617-MHT-TFM   | Document 114-3 Filed 05/07/2008  | B Page 9 of 83  |
| 3/23/06  |  | 06:23PM   |
| Vehicle Expenses - Schedule<br>BREAD SALESMAN  | e C  |   |
| 1. Date placed in serv<br>2. Total mileage<br>3. Business mileage (1<br>4. Business mileage (9<br>5. Total business mile<br>6. Business use percen | rice 1   | Truck<br>702/02<br>7,650.<br>843.<br>458.<br>1,301.<br>0.1701 |
| Standard Mileage Rate:   |  |   |
| <ol> <li>Multiply line 3 by</li> <li>Multiply line 4 by</li> <li>Standard mileage de</li> </ol>  | 40.5 cents (.405)<br>48.5 cents (.485)<br>eduction (add lines 7 and 8) | 341.<br>222.<br>563.  |
| Actual Expenses:   |  |   |
| 17. Vehicle rent or lea  | ot personal property taxes) provided vehicle se (less inclusion)       |   |
| 18. Add lines 10 throug<br>19. Multiply line 18 by<br>20. Depreciation and se<br>21. Add lines 19 and 20   | n 17<br>line 6<br>ction 179 deduction                                  | 0.<br>0.  |
| Total Vehicle Expenses:  |  | <b>.</b>  |
| 22. Enter line 9 or line 23. Parking fees and to 24. Add lines 22 and 23   | lls  | 563.  |
| Vehicle Expense Allocati   |  | 563.  |
| 25. Car and truck expense 26. Depreciation   | ses  | 563.  |
| 27. Vehicle rent or leas<br>28. Add lines 25, 26, ar<br>29. Interest expense (bu<br>30. Taxes and licenses   | nd 27<br>Usiness portion)  | 563.  |

| Case 3: | <b>ם.</b><br>07-cv-00              | <br> 617-MH <b>ੂT</b> -TF   | M Docu                           | umen               | t 114              | -3 F   | iled 05/07/2008 | Page 10 of 83 |  |
|---------|------------------------------------|---|----------------------------------|--------------------|--------------------|--|-----------------|---------------|--|
|         | j                                  | all Ba  | 5.                               |                    |                    |  |                 |               |  |
|         |                                    | Method  | 3/1                              |                    |                    |  |                 |               |  |
|         |                                    | Prior<br>Depr   | 4,610                            | 4,610              | 0                  | 4,610  |                 |               |  |
|         |                                    | Depr.<br>Basis  | 48,840                           | 48,840             | 0                  | 48,840   |                 |               |  |
|         | qule                               | Salvage<br>/ Basis<br>Reducin                                     |                                  | 0                  | 0                  | 00   |                 |               |  |
|         | Sche                               | Prior<br>Dec. Bal.<br>Depr  |                                  | 0                  | 0                  | . o  |                 |               |  |
|         | smith smith                        | Prior<br>179/<br>80nus/<br>Sp. Depr                               |                                  | 0                  | 0                  | 0 0  |                 |               |  |
|         | 2005 Federal Depreciation Schedule | Special<br>Depr<br>Allow  |                                  | 0                  | 0                  | 0  |                 |               |  |
|         | deral I                            | Cur<br>179<br>Bonus   |                                  | ٥                  | 0                  | o 6  |                 |               |  |
|         | 5 Fe                               | Bus.<br>Pct   | ₽                                | 9                  |                    | 9 0  | •               |               |  |
|         | 200                                | Cost/<br>Basis  | 48,840                           | 48,840             |                    | 48,840   |                 |               |  |
|         |                                    | Sold<br>Sold  |                                  |                    |                    |  |                 |               |  |
|         |                                    | Dale<br>Acquired  | 8/05/03                          |                    |                    |  |                 |               |  |
|         | 2                                  | (3/DG.  No. Description A Schedule C - FLOWERS BAKING BREAD ROUTE | Annalization  Howers Route #2100 | Total Amortization | Total Depreciation | Grand Total Amortization<br>Grand Total Depreciation |                 |               |  |
|         | 12/31/05                           | 3/23/06   | Amortization                     | Total              | Tota               | Gran<br>Gran   |                 |               |  |

|   | RESIDENTS AND   | I HERREN                              |         |                 | DE CHENTER OF THE                                  |             |
|---|---|---------------------------------------|---------|-----------------|--|-------------|
| 3 <del>:07.cv.0</del>                     | 0617 MHT TEM DESCRIPTION 3  |                                       |         |                 |  |             |
|   | Spouse's SSN 1 joint return   |                                       | 拼讲      |                 | 的名数形式的   |             |
| Your first name                           | le .  |                                       | TATE    |                 | RICHARD BASE                                       | 313         |
| ł .                                       | Initial Last name L S SMITH   | I KARARA                              | NA A    | 118;            | RATE TATAL   |             |
| Spouse s lust nam                         |   |                                       |         |                 | PARABAL  |             |
| •   |   |                                       |         |                 | (6 3rd 10 10 1 10 1 10 10 10 10 10 10 10 10 10     |             |
| Present home ad                           | tress (number and street or P.O. Box number)  |                                       |         |                 |  |             |
| City, town or post                        | office State ZIP Code   |                                       |         |                 |  |             |
| <ul> <li>LAFAYE</li> </ul>                | TTE, AL 36862   |                                       |         |                 |  |             |
| Filing Status                             | 1 ◆ S1,500 Single   |                                       |         |                 | _  |             |
| Exemptions                                | 2 • 33,000 Married filing joint return (even if only one spouse had   |                                       |         |                 |  |             |
| Check only<br>one box.                    | 3 • \$1,500 Married filing separate return. Complete line 5 with spo<br>4 • X \$3,000 Head of family (with qualifying person). (See instruction | ľ                                     | st.ooch | n a I           | Parent -   |             |
|   | <ul> <li>X \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</li></ul>  | A — Alabama tax withh                 |         | <u>р - г</u>    | 8 – Income   |             |
|   | a   | 6a •                                  |         | 6a              |  | lo          |
|   | b   | 6b •                                  | 00      |                 |  | 0           |
| Income                                    | C   | 6c •                                  | 00      | _               |  | 0           |
| and                                       | _d  | 6d •                                  | 00      | <del></del>     |  | 0           |
| Adjustments                               | 7 Interest and dividend income (also attach Schedule B i  | •                                     |         | 17              |  | 0 0         |
|   |   |                                       |         | 8               | • 30,24<br>• 30,34                                 |             |
|   | <ul> <li>Total income. Add amounts in the income column for the total adjustments to income (from page 2, Part II, line</li> </ul>              | •                                     | • •     | 10              |  | 000         |
|   | 11 Adjusted gross income. Subtract line 10 from line 9.   | o, . ,                                | -       | 11              | • 29,84  |             |
| Deductions                                | 12 Check box a, if you itemize deductions, & enter amount from Sch A, line 26   | Box a or b MUST be checke             | d ··    | <del>  ``</del> |  |             |
| You Must                                  | Check box b, if you do not remize deductions, and with standard deduction   |                                       |         |                 |  | ı           |
| Attach page 2<br>of Federal<br>Form 1940. | a X Itemized Deductions • b Standard Deduction  | 12 • 7,0                              | 32 00   | <u> </u>        |  |             |
| Federal Form                              | 13 Federal tax deduction (see instructions)   |                                       |         | [               |  |             |
| Form 1040NR.                              | DO NOT ENTER FEDERAL TAX WITHHELD FROM YOUR FORM W-2(S)   |                                       | 50 00   | 4               | 1  |             |
| or page 1 of<br>1040EZ, if<br>claiming a  | 14 Personal exemption (from line 1, 2, 3, or 4)   |                                       | 00 00   | 4               |  |             |
| deduction on<br>line 13.                  | 15 Dependent exemption (from page 2. Part III. line 2) .  |                                       | 00 00   | 4               | - 12 16  | 200         |
|   | 16 Total deductions, Add lines 12, 13, 14, and 15  17 Taxable income, Subtract line 16 from line 11   |                                       | ···     | 16              | • 12,18<br>• 17,66                                 |             |
|   | 18 Income Tax due. Enter here and check if from •   | orm NOL-R5A                           |         | 18              | <del></del>  | 13 0        |
| Таж                                       | 19 Less credits from: ■ X Schedule CR and/or ■ Schedule O   |                                       |         | 19              |  | 13 0        |
|   | 20a Net tax due Alabama. Subtract line 19 from line 18  | <u> </u>                              |         | 20 a            | ~ <del> </del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 0 C         |
| Staple Form(s)<br>W-2 W-2G                | b Consumer Use Tax (use worksheet in the instructions)  |                                       |         | 201             |  | C           |
| 1099 and/or 40V<br>here.                  | 21 You may make a voluntary contribution to any of the following: Alabama Election  | ly                                    | ne      | 21 a            | •  | 0           |
|   | Campaign Fund, or the Neighbors D AL Republican Par   | y                                     | ле      | 21 t            | <b>5</b> •   | 0           |
|   | Helping Neighbors Fund.   Reighbors Helping (   |                                       |         | 210             | E   •  | 0           |
|   | 22 Total tax liability and voluntary contribution. Add lines  |                                       |         | 22              | •  | <u> 0 0</u> |
| _   | <ul> <li>Alabama income tax withheld (from Forms W-2, W-26, and/or 1699)</li> <li>Arnount paid with extension (attach Form 4868A)</li></ul>     | 23 •                                  | 00      |                 |  |             |
| Payments                                  | 25 2005 estimated lax payments (see instructions)   | 25 •                                  | 00      |                 | i  | -           |
|   | 26 Total neumania Addition 22 through 25  |                                       | 100     | 26              | •  | [c          |
| AMOUNT                                    | 27 If line 22 is larger than line 26, subtract line 26 from line 22, and ente   |                                       |         |                 |  | +           |
| YOU OWE                                   | Place payment, along with Form 40V, loose in mailing envelope. (FOR!  | A 40V MUST ACCOMPANY PAYM             | ENT.)   | _27             | •  | _]c         |
|   | 28 Estimated tax penalty, Also include on line 27 (see instructions)  | . 28 •                                | 00      |                 |  |             |
| OVERPAID                                  | 29 If line 26 is larger than line 22, subtract line 22 from lin   |                                       |         | 29              | •  | 0           |
|   | 30 Amount of line 29 to be applied to your 2006 estimated tax .   | .   30                                | 00      | <u> </u>        |  |             |
|   | 31 You may donate all or part of your overpayment. (Erter \$1, \$5, \$10, \$2   |                                       |         | 4               | PLEASE   | 7           |
|   | a Senior Services Trust Fund   DO   AL Indian Scholars   b AL Arts Development Fund.  | Children's<br>iip Fund.<br>Trust Fund | 00      |                 | ► Veniv your social                                | 7           |
| Donation                                  |   | irust rung.                           | 00      | <b>⊸</b> i      | security number  • Recheck your math               |             |
| Check-offs                                | d Cald Abuse Trust Fund • 00 i Mental   | Health                                | 00      |                 | ▶ Sign return on                                   |             |
|   | e AL Veterans Program . • OO i AL Breas   | i and Cervical rogram                 | 00      |                 | page 2  Attach W-2 form(s)                         | 1           |
|   | k AL 4-H  | Club .                                | 00      |                 | <u> </u>   |             |
|   | 32 Total. Add line 30 and lines 31a, 5, c, d, e, f, g, h, . ;.  |                                       |         | 32              | •  | 0           |
| REFUND                                    | 33 REFUNDED TO YOU. (CAUTION: You must sign this return on cage   |                                       |         |                 |  | Τ           |
|   | Subtract line 32 from the 29, For Direct Deposit, preck hare.   | and complete Part V, Page 2           |         | 33              | <b>[•</b>  | - 10        |

4LIA0112L 02/21/06

AL32

|   | Other                         | 4 a Total IRA distributions. 4a   | 00 4 b Taxable ame                   |  | 4b=   | 00                |
|---|-------------------------------|---|--------------------------------------|--|---|-------------------|
|   | Cocana and Cover              | -9964 Zen Will Klaestifes 5a Document   |                                      |  | Prige 12 of                                 | 83 00             |
|   | Casers:07-CV                  |   |                                      | STUPP LEWISON                                    |   | 00                |
|   | instructions)                 | 6 Rents, royaltres, partnerships, estates, trusts.  | . etc (attach Schedule E)            | • •  | 6 •   |                   |
|   |                               | 7 Farm income or (loss) (attach Federal Sched   | ule F)                               |  | 7 •   | 00                |
|   |                               | 8 Other income (state nature and source - see instructions,   |                                      |  |   |                   |
|   |                               |   |                                      |  | 8 •   | 100               |
|   |                               | A Thank I have hall to a look   |                                      | 1 lma 0  | 1   | 30,240 00         |
|   |                               | 9 Total other income, Add lines 1 through 8. Er   | iter here and also on page           | I, me o  |   |                   |
|   | PARTII                        | 1 a Your IRA deduction  |                                      |  | 1a*   | 500 00            |
|   |                               | b Spouse's IRA deduction  |                                      |  | 1b*   | 00                |
|   |                               | 2 Payments to a Keogh retirement plan and se  | If-employment SEP deducti            | on   | 2 =   | 00                |
|   |                               | 3 Penalty on early withdrawal of savings .  |                                      |  | 3 •   | 00                |
| • | Adjust-                       |   |                                      | . ,  |   |                   |
|   | ments                         | 4 Alimony hald. Recipient's (ast name .   | ZSM •                                |  | - I   | 100               |
|   | to Income                     | Andress   |                                      |  | 4 •   | 00                |
|   | (See<br>Instructions)         | 5 Adoption expenses   |                                      |  | 5 •   | 00                |
|   |                               | 6 Moving Expenses (att Federal Form 3903) to City   |                                      |  | 6 •   | 00                |
|   |                               |   |                                      |  | 7 •   | 00                |
|   |                               | 7 Self-employed health insurance deduction.   |                                      |  |   | 500 00            |
|   |                               | 8 Total adjustments. Add lines 1 through 7. Enter nere and  | also on page 1, line IU              | <del>                                     </del> | 8 •   | 300100            |
|   | PART III                      | 1 a Dependents:   | (2) Dependent's social               | (3) Dependent's                                  | (4) Did you provide                         |                   |
|   |                               | (1) First name Last name  | security number.                     | elationship to you.                              | more than one-half<br>dependent's support   | <b>&gt;</b> 1     |
|   |                               |   | <del>-</del>                         | Damant   | Yes   | <del></del>       |
|   | Dependents                    |   | <u> </u>                             | Parent   | 162   |                   |
|   |                               |   | •                                    |  |   |                   |
|   | Do not include                |   | •                                    |  |   |                   |
|   | your spouse                   |   | •                                    |  |   |                   |
|   | (see                          | • Takal as the sale and also and also and also and also and   |                                      | <u></u>  | <u></u>                                     | 1                 |
|   | instructions)                 | <b>b</b> Total number of dependents claimed above.  |                                      |  | •   |                   |
|   |                               | 2 Amount allowed. (Multiply \$300 by the total i  | number of dependents clair           | ned on line ID.)                                 |   |                   |
|   |                               |   |                                      |  | 2 •   | 300 00            |
|   | PART IV                       | 1 Residency X Full Year If you we   | re a part-year resident of A         | L durina 2005. IF                                | dicate your period of                       | residence:        |
|   |                               |   |                                      |  | 2005. Total                                 |                   |
|   |                               | Check only one box • Part Year From   | 2005 (1)                             |  |   |                   |
|   | General                       | 2 Did you file an Alabama income tax return for   | r the year 2004? . [A] Ye            | s [No  |   |                   |
|   | information                   | 3 If no, state reason.  |                                      |  |   |                   |
|   |                               | 4 Give name and address of present employers  | (s):                                 |  |   |                   |
|   |                               | Yours FLOWERS BAKING CO. OF O   | PELTKA 101 STMMON                    | S STREET OF                                      | PELIKA AL 3680                              | )1                |
|   |                               | You   |                                      |  |   |                   |
|   | All                           | spouse's  |                                      |  |   |                   |
|   | Taxpayers                     | 5 Enter the Federal Adjusted Gross Income • \$ 2  | 29,844. and                          | Federal Taxable !                                | ncome •\$16,14                              | 14.               |
|   | Must                          | as reported on your 2005 Federal Individual I   | ncome Tax Return.                    |  |   |                   |
|   | Complete                      | 6 Do you have income which is reported on your Federal ret  | urn, but not reported an your Al. re | eturn (other than your                           | state tax refund)?                          | Yes X No          |
|   | This<br>Section               | If yes, enter source(s) and amount(s) below:  | Other than state income to           | x refund)  | اسا ۰۰۰                                     |                   |
|   | Section                       |   | (Other Many State Mooning to         | Δπ   | nount •                                     | 00                |
|   |                               | Source  |                                      |  |   | 00                |
|   |                               | Source  |                                      | An   | rount                                       | 100               |
|   | PARTV                         | For Direct Deposit of your refund, complete 1   | , 2, and 3 below (See Inst           | ructions)  |   |                   |
|   | Direct                        | 1 Routing Number:   | 2 Type: Ch                           | ecking DSa                                       | ivings                                      |                   |
|   | Deposit                       |   | г .,ре оп                            | Containing                                       | 9~  |                   |
|   |                               | 3 Account Number:   |                                      |  |   |                   |
|   |                               | X i authorize a representative of the Depart  | ment of Revenue to discus            | s my return and a                                | attachments with my i                       | preparer.         |
|   | £i                            | Under penalties of perjury, I declare that I have examined this are true, correct, and complete. Declaration of preparer (other t | return and accompanying schedules    | and statements, and to                           | o the best of my knowledge a                | and belief, they  |
|   | Sign<br>Here                  | 1.  |                                      |  |   |                   |
|   | Here                          | Your signature  | Daylwne telet                        |  | Your occupation                             |                   |
|   | Keep a copy of                | <b>&gt;</b>   |                                      |  | SALESMAN                                    |                   |
|   | this return for your secords. | Spouse's Signature (if joint return, BOTH must sign)  | Date Oaytime telet                   | none number                                      | Spouse's occupation                         |                   |
|   | -                             | <b>&gt;</b>   | İ                                    | 1  |   |                   |
|   |                               | L   | Date                                 | · · · · · · · · · · · · · · · · · · ·            | Preparer s SSN o                            | PTIN              |
|   | Paid                          | Preparer's 31 down C Malana   | 3/23/                                | Check if   |   |                   |
|   | Preparer's                    | signature Alexander G Walton  |                                      |  | <u> </u>                                    |                   |
|   | Use Only                      | Firm's name   | Tel No. (                            | 334) <u>444-43</u>                               | 32  |                   |
|   |                               | (or yours if  |                                      |  | EIN   |                   |
|   |                               | self-employe<br>and address   |                                      |  |   | 831-3404          |
|   |                               | If an addressed enverore with your rehir  | n, please use it and follow          | he instructions o                                | n the envelope. If vo                       |                   |
|   |                               | If an addressed envelope with your return one, mail your return to one of the addresses be  | elów.                                |  |   |                   |
|   |                               | If you are not making a payment, mail your return to:   | If you are making                    | a payment, mail yo                               | ur return. Form 40V. and                    | payment to:       |
|   | WHERE                         | Alabama Department of Revenue   | Alabama I                            | epartment of Re                                  | venue                                       |                   |
|   | TO FILE ▶                     |   | P.O. Box                             |  | 40 0001                                     |                   |
|   | FORM 40                       | Montgomery, Alabama 36T35-0001  | Montgome                             | ry, Alabama 367                                  | 4U-UUU I                                    |                   |
|   |                               | Viait only your 2005 Form 40 to one of the abor<br>correspondence should be mailed to Alabama I                                   | ve addressesrior year re             | iurns, amended i                                 | eturns, and all oiner<br>Appropries at 2512 | 2.7464            |
|   |                               | correspondence should be maried to Alabama I  | Jepanment of Revenue. P              | ∪. BQX 32/404. N                                 | nungunery. AL 3013                          | <u>ፌ</u> ፣ / ማህፓተ |

A, B, & CR

A, B, & CR (Schedules B and CR are on page 2)

Case 3:07-cv-(FORM 40) MHT-TFM AT DOUTH FORM 41 4 SESINSTRIP (NOVISOR) Page 13 of 83

| MTCHA | FI. | S | SMITH |
|-------|-----|---|-------|
|       |     |   |       |

The itemized deductions you may claim for the year 2005 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule. PART-YEAR RESIDENTS: A resident of Alabama for only a part of the year claimed in the least see instructions before completing this schedule.

| 2. 3.0 your 310                  |     | st below only those deductions actually paid while a reside<br>CAUTION: Do not include expenses reimbursed or paid by others.  | T          | 1.000110.                | T           | 7            |          | T  |
|----------------------------------|-----|--|------------|--------------------------|-------------|--------------|----------|--|
|                                  | 1   | ·  | 1          | 4,138                    | 00          | 1            |          |  |
| Medical and                      | -   | Enter amount from  | Ť          | 1,230                    |             |              |          |  |
| Dental<br>Expenses               | _   | Form 40. line 11 2 29, 844 00  |            |                          |             | 1            |          |  |
| (See instructions)               | 3   | Multiply the amount on line 2 by 4% (.04). Enter the result.   | 3          | 1,194                    | 00          | 1            | •        |  |
|                                  | 4   | Subtract line 3 from line 1. Enter the result. If zero or les  | s. ent     | er 0                     |             | 4  -         | 2,944    | 0.0  |
|                                  | 5   | Real estate taxes  | 5          | 448                      | 00          |              |          | Γ  |
|                                  | 6   | FICA Tax (Social Security & Medicare) and Federal  | -          | 2 400                    | 00          |              |          |  |
| Taxes You                        | 7   | Self-Employment Tax .  | 7          | 3,488                    | 00          |              |          |  |
| Paid /See insurctions/           | -   | Raifroad Retirement (Tier 1 only).  Other taxes. (List — include personal property taxes.)   | -          |                          | 4           | 1            |          | 1  |
|                                  |     | Personal Property Taxes  | 8          | 127                      | ոո          |              |          |  |
|                                  | 9   | Add the amounts on lines 5 through 8 Enter the total her   |            | 1                        | _           |              | 4,063    | ปกถ  |
|                                  |     | home mortgage interest & points reported to you on Federal Form 1098.  | 10 a       | <u> </u>                 | 00          | 1            | 2,000    | 100  |
| Interest You                     |     | The state of the case of baseline separates to you do I such the Asia separate   |            |                          | ~           | I            |          |  |
| Paid<br>(See instructions)       | t   | Home mortgage int not reported to you on Fed Form 1098, (If paid to an   |            |                          | - 1         |              |          | 1  |
| (See instructions)               |     | individual, snow that person's name & addr.)   |            |                          | ı           |              |          | -  |
|                                  |     |  | 1          |                          |             |              |          |  |
| NOTE:                            |     |  | 106        | ]                        | 00          |              |          |  |
| Personal interest                | 11  | Points not reported to you on Form 1098  | 11         |                          | 00          | 1            |          | 1  |
| is not                           |     | Investment interest (Atlach Form 4952A)  | 12         |                          | 00          |              |          | Ì  |
| deductible.                      |     | Add the amounts on lines 10a through 12. Enter the total   |            |                          | <u> </u>    | 3 •          | n        | loo  |
|                                  |     | CAUTION: If you made a charitable contribution and   | 1.0.0.     |                          | <del></del> | <del>-</del> | <u>_</u> | +-   |
| Gifts to                         |     | received a benefit in return, see instructions.  |            |                          |             |              |          |  |
| Charity                          | 14  | Contributions by cash or check   | 14         | 25                       | 00          |              |          |  |
| (See instructions)               | 15  | Other than cash or check. (You MUST att Fed Form 8283 if over \$500.)  | 15         |                          | 00          |              |          |  |
|                                  | 16  | Carryover from prior year  | 16         |                          | 00          |              |          |  |
|                                  | 17  | Add the amounts on lines 14 through 16. Enter the total here   |            |                          | 1           | 7 -          | 25       | 00   |
| Casualty and                     | 18a | Enter the amount from Federal Form 4684, line 16 (See instructions).   | 18a        |                          | 00          |              |          |  |
| Theft Loss                       |     | Enter 10% of your adjusted gross income (Form 40, line 11).  | 186        |                          | 00          |              |          |  |
| (Attach Form 4684)               | •   | Subtract line 18b from line 18a. If zero or less, enter -0   |            |                          | 1           | 3c           | 0        | 00   |
|                                  |     | Unreimbursed employee expenses — job travel, union dues, job   | [          |                          |             |              |          | <u> </u>   |
|                                  |     | education, etc (You MUST attach Federal Form 2106 if required.   |            |                          |             | 1            |          |  |
|                                  |     | See instructions.) >   |            |                          |             |              |          | 1  |
|                                  |     |  | 1          |                          |             |              |          |  |
| Job Expenses and Most            |     |  | 19         | }                        | 00          |              |          |  |
| Other                            | 20  | Other expenses (investment, tax preparation, safe deposit box, etc).   |            |                          | -           |              |          | İ  |
| Miscellaneous<br>Deductions      |     | List type and amount ►   |            |                          |             |              |          |  |
| (See instructions)               |     |  | 20         |                          | 00          |              |          |  |
|                                  | 21  | Add the amounts on lines 19 and 20. Enter the total  | 21         |                          | 00          |              |          |  |
|                                  |     | Multiply the amount on Form 40, line 11 by 2% ( 02).   |            |                          |             |              |          |  |
|                                  |     | Enter the result here  | 22         |                          | 00          |              |          |  |
|                                  |     | Subtract line 22 from line 21. Enter the result. If zero or I  | ess. e     | nter -0                  | _ 2         | 3 ♦          | 0        | 00   |
|                                  | 24  | Other (from list in instructions). List type and amount  |            |                          | _           | }            |          |  |
| Other                            |     |  |            |                          | _           |              |          |  |
| Miscellaneous                    |     |  |            |                          | _           |              |          | ĺ  |
| Deductions                       |     | COMMENTAL DESCRIPTION OF THE PROPERTY OF THE P |            |                          | $\dashv$    |              |          |  |
| O                                |     |  |            |                          | 2           | 4 •          | 0        | 00   |
| Qualified Long-<br>Term Care Ins |     | CAUTION: Do not include medical premiums.  |            |                          |             |              |          |  |
| Premiums                         | 25  | Enter amount here  |            |                          | 2           | 5 •          | 0        | 00   |
| Total Itemized                   | 26  | Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 2  | 5 Fn       | ter the intal pare. Then |             |              |          | <del>                                     </del> |
| Deductions                       |     | enter on Form 40, page 1, ine 12.  | الااسا . ب | isi dis QualificieNen    | 1.          | 6 •          | 7,032    | مما  |

# SCHEDULE B - Interest and Dividend Income

# Case 31 900-rectei 00 600 of that \$1500 of Merestand and when 114-3 Filed 05/07/2008 income, you must complete Schedule B.

INTEREST INCOME. All interest received should be iternized on Schedule B. List all interest received on bank deposits, notes, mortgages, bonds, and other evidences of indebtedness, including bonds of the United States, and any state or territory and the political subdivisions thereof. All interest received is taxable except: (a) interest on obligations of the United States or its possessions: or (b) interest on obligations of the State of Alabama or any county, municipality, or other political subdivisions thereof.

3 Filed 05/07/2008 Page 14 of 83

Interest on bonds of other states is subject to Alabama Income Tax Interest from savings and loan associations is also taxable Enter the amount of all exempt interest in column A headed

Exempt Interest. Taxable interest should be entered in column B. DIVIDENDS. All dividends including liquidating dividends received are taxable. Gain or loss on liquidating dividends should be reported on Schedule D. Dividends from savings and loan associations are taxable. Dividends from tax-option corporations (Subchapter S) are taxable when actually received.

|         | List Payers and Amounts  |       | A<br>Exempt Interest                   |    | B<br>Taxable Interest<br>and Dividends |
|---------|--|-------|--|----|--|
| 1       | FARMERS & MERCHANTS BANK   |       | 00                                     |    | 101 00                                 |
|         |  | 4     | 00                                     |    | 00                                     |
|         |  | 4     | 00                                     |    | 00                                     |
| _       |  | -     | 00                                     |    | 00                                     |
| Ä       |  | -  ,  | 90                                     | ١, | 00                                     |
| Ė       |  | - '   | 00                                     |    | 00                                     |
| HTEREST |  | 1     | 00                                     |    | 00                                     |
| 7       |  | 1     | 00                                     |    | 00                                     |
|         |  |       | 00                                     |    | 00                                     |
|         | Subtotal   |       | 00                                     |    | 101 00<br>3 00                         |
| 2       | WALMART, INC. ASOP   |       |  | _  | 3 00                                   |
|         |  |       |  | 1  | 00                                     |
|         |  |       |  | -  | . 00                                   |
| D<br>I  |  |       | <u> </u>                               | -  | 00                                     |
| Ų       |  |       |  | 2  | 00                                     |
| Ė       |  |       |  | ┧ˆ | 00                                     |
| -06208  |  |       | ······································ | 1  | 00                                     |
| 5       |  |       |  | 1  | 00                                     |
|         |  |       |  |    | 00                                     |
|         | Subtotal   |       |  | 1  | 3 00                                   |
| _ 3     | TOTAL TAXABLE INTEREST AND DIVIDENDS. Enter here and on Form 40, | , pag | e 1, line 7 •                          | 3  | 104 00                                 |

## SCHEDULE CR - Credit for Taxes Paid to Other States

This credit is available to those residents of Alabama who are being taxed by Alabama and another state (or territory of the United States) in the same tax year. The income earned in the other state must be reported on the Alabama return to claim this credit. Residents of Alabama for only a part of the year can claim this

credit only if the returns filed with Alabama and the other state cover the same periods. This credit is available for the year for which the income is taxed by the other state. If you are claiming credit for taxes paid to more than one other state, you must make a separate computation for each state using Schedule CR worksheet.

PLEASE You may need to fill out the worksheet in the instructions before completing this schedule. This credit will NOT be allowed unless NOTE: you file a nonresident income tax return with the other state and attach a copy of that 2005 return to your Alabama return.

| 7 | 2005 taxable income as shown on the Georgia state return   | 1 | 39,572 | If more than one 'other' state uses Schedule CR worksheet. If |   |   |
|---|--|---|--------|---|---|---|
| 2 | Tax due the other state using Alabama tax rates  | 2 | 1,938  | 00  |   | using the worksneet, line 5<br>(below) will equal worksheet |
| 3 | Tax due the other state as shown on that state's return or Form W-2G   | 3 | 2,113  | 00  |   | Part 5, line 21.  |
| 4 | Tax oue Alabama from Form 40, page 1, line 18.   | 4 | 843    | 00  | L |   |
| 5 | <b>CREDIT ALLOWABLE.</b> Enter the amount from line 2, 3, 4, or the amount instructions, whichever is smallest, if you have no other credits, enter amount of page 1, the 19, if you have other credits, enter the amount from line 5 to and complete. | 5 | 843 00 |   |   |   |

Schedules B & CR (Form 40) 2005

D&E

(Schedule E is on page 2)

MICHAEL S SMITH

# Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

| (a)<br>Kind of<br>Property             | (b)<br>Date<br>Acquired | (c)<br>Date<br>Sold | (d)<br>Amount<br>Received                    | (e)<br>Depreciation<br>Allowable Since<br>Acquisition | (f)<br>Cost or<br>Other Basis | (g)<br>Subsequent<br>Improvements | (h) Net Profit or (Los (Columns d and e l Columns f and g | is)<br>ies:<br>g) |
|--|-------------------------|---------------------|--|---|-------------------------------|-----------------------------------|---|-------------------|
| 85 Shs Wa                              | mart, Inc               |                     |  | 1   |                               |                                   |   | 1                 |
|  | Various                 | 3/15/05             | 30   |   | 22                            |                                   | . 8   | 3 0               |
|  |                         |                     |  |   |                               |                                   |   | 0                 |
|  |                         |                     |  |   |                               |                                   |   | 9                 |
|  |                         |                     |  |   |                               |                                   |   |                   |
|  |                         |                     |  |   |                               |                                   |   |                   |
|  |                         |                     |  |   |                               |                                   |   |                   |
|  |                         |                     |  | -   |                               |                                   |   |                   |
|  |                         |                     | •  |   |                               |                                   |   | 1                 |
| ······································ |                         |                     |  |   |                               |                                   |   | ٦                 |
|  |                         |                     |  | <u> </u><br>  |                               |                                   |   |                   |
|  |                         |                     |  |   |                               |                                   |   |                   |
| <del></del>                            |                         |                     |  |   |                               |                                   |   | -                 |
| · · · · · · · · · · · · · · · · · · ·  |                         |                     |  |   |                               |                                   |   | -                 |
|  |                         |                     |  | !   |                               |                                   |   | _                 |
|  |                         | -                   |  |   |                               |                                   |   | -                 |
|  |                         |                     |  |   |                               |                                   |   | -                 |
|  |                         |                     |  |   |                               |                                   |   | 4                 |
|  |                         |                     | <u>,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | <u> </u>  |                               |                                   |   |                   |
|  |                         |                     |  |   |                               |                                   |   | 4                 |
|  |                         |                     |  |   |                               |                                   |   |                   |
|  |                         |                     |  |   |                               |                                   |   |                   |
| TOTAL NET                              | DD544 0D 4 0            |                     |  |   |                               | 1                                 |   | 8                 |

| Name  | ol proprietor  |  |  | Social security number | ber (SSN)                              |
|-------|--|--|--|------------------------|--|
| ase 3 | SHALL S GMT TH MHT - TI<br>Principal business or profession, including                         | Product or service (see instructions)                                  | 14-3 Filed 05/07/2008  | Page 1                 | 16 of 83                               |
|       | BREAD SALESMAN   |  |  | <b>► 722300</b>        |  |
| C     | Business name of no separate business na   |  |  | D Employer ID nor      | nber (EIN), if any                     |
|       | FLOWERS BAKING BREAT   |  |  | L                      |  |
| E     | Business address (including suite or room City, town or post office, state, and ZIP con        | ro.) *   |  |                        |  |
| F     | Accounting method: (1) X   | Cash (2) Accrual (   | (3) Other (specify)  |                        |  |
| G     | Did you 'materially participate' ii  | n the operation of this busine   | ss during 2005? If 'No.' see instructions  | for limit on losse:    | s. X Yes No                            |
|       | if you started or acquired this bi   | usiness during 2005, check h   | ere  | <u> </u>               | ▶ .                                    |
| Par   | ti income  |  |  |                        |  |
| ĭ     | Gross receipts or sales. Caution 'Statutory employee' box on tha                               | If this income was reported<br>t form was checked, see the             | to you on Form W-2 and the instructions and check here   | X 1                    | 65,346.                                |
| 2     | Returns and allowances.  |  |  | 2                      |  |
| 3     | Subtract line 2 from line 1.   |  |  | . 3                    | 65,346.                                |
| 4     | Cost of goods sold (from line 42   | on page 2)   |  | 4                      |  |
| 5     | Gross profit. Subtract line 4 fro  | m line 3. ,  |  | . 5                    | 65,366.                                |
| 6     | Other income, including Federal  | and state gasoline or fuel ta  | x credit or refund   | 6                      | 300.                                   |
|       |  |  |  |                        |  |
| -     | Gross income. Add lines 5 and  |  |  | . 🟲 7                  | 65,666.                                |
| Par   |  | enses for business use of yo   |  | 1.2                    |  |
| 8     | Advertising  | 8  | 18 Office expense  | 18                     |  |
| 9     | Car and truck expenses (see instructions)  | 9 12,169.  | <ul><li>19 Pension and profit-sharing plans</li><li>20 Rent or lease (see instructions):</li></ul> | 19                     |  |
| 10    | Commissions and fees.  | 10   | a Vehicles, machinery, and equipme   | nt, 20a                | 7,026.                                 |
|       |  |  | <b>b</b> Other business property   | 20b                    | 1,352.                                 |
| 11    | Contract labor (see instructions).   | 111  | 21 Repairs and maintenance .   | 21                     | 1,084.                                 |
| 12    | Depletion  | 12   | 22 Supplies (not included in Part III).  |                        | 1,419.                                 |
| 13    | Depreciation and section   |  | 23 Taxes and licenses  | 23                     | 347.                                   |
|       | 179 expense deduction<br>(not included in Part III)  |  | 24 Travel, meals, and entertainment:   |                        |  |
| •     | (see instructions).  | 13   | a Travel   | 24a                    |  |
| 14    | Employee benefit programs  |  |  | i                      |  |
| 4 ==  | (other than on line 19)  | 14   | <b>b</b> Deductible meals and entertainme  | <del></del>            |  |
|       | Insurance (other than health).   | 15 1,984.  | 25 Utilities   | 25                     |  |
|       | Interest:  Mortgage (paid to banks, etc)   | 16a  | 26 Wages (less employment credits).  | <del></del>            | 4 700                                  |
|       | Other  | 16b 5,344.   | 27 Other expenses (from line 48 on page 2)   | 27                     | 4,709.                                 |
|       | Legal & professional services  | 17   |  | ( (                    |  |
|       |  |  | idd lines 8 through 27 in columns  | . > 28                 | 35,434.                                |
|       |  |  |  |                        |  |
|       | Tentative profit (loss). Subtract I  |  |  | 29                     | 30,232.                                |
|       | Expenses for business use of you   |  |  | 30                     |  |
| 31    | Net profit or (loss). Subtract line  | 30 from line 29.   | <del></del> 1  |                        |  |
|       | • If a profit, enter on Form 1040  | , line 12, and also on Sched   | ule SE, line 2 (statutory  |                        | 20 000                                 |
|       | <ul> <li>employees, see instructions). Es</li> <li>If a loss, you must go to line 3</li> </ul> |  | rm 1041, line 3.   | 31                     | 30,232.                                |
| 32    |  |  | ent in this activity (see instructions).   |                        |  |
| (JE.  |  |  |  | _                      |  |
|       | <ul> <li>If you checked 32a, enter the<br/>(statutory emoloyees, see instru</li> </ul>         | loss on <b>Form 1940, line 12,</b> a<br>clions). Estates and trusts er | nd also on Schedule SE, line 2<br>nter on Form 1941, line 3  | 32 a                   | All investment is at risk.             |
|       |  |  | Unit of the mic U  | F                      | •                                      |
|       | • if you спескео 32b, you must   | attach Form 6198. Your loss  | may be limited   |                        | . Some investment<br>, is not at iisk. |
| ВДА   | For Paperwork Reduction Act I  |  |  | Schedule               | C (Form 1040) 2005                     |

| If 'Yes,' attach explanation  | ·; · ·   | L:Yes .::No            |
|---|----------|------------------------|
| Sess: Avertory application of the art of the rent from Charles of the Country of | ge<br>35 | 17 of 83               |
| 36 Purchases less cost of items withdrawn for personal use  | 36       |                        |
| 37 Cost of labor. Do not include any amounts paid to yourself   | 37       |                        |
| 38 Materials and supplies   | 38       |                        |
| 39 Other costs  | . 39     | -20.                   |
| <b>40</b> Add lines 35 through 39   | 40       | -20.                   |
| 41 Inventory at end of year   | . 41     |                        |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4   | . 42     | -20.                   |
| Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expensively required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file.  |          |                        |
| 43 When did you place your vehicle in service for business purposes? (month, day, year) - 1/02/02   |          |                        |
|   |          |                        |
| 44 Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your your vehicle during 2005, enter the number of miles you used your vehicle during 2005, enter the number of miles your vehicle during 2005, enter the number of miles your vehicle during 2005, enter the number of miles your years and your years and your years and your years and your years and your years and your years and your years and your years and |          | for:                   |
| 45 Do you (or your spouse) have another vehicle available for personal use?   |          | X Yes No               |
| 46 Was your vehicle available for personal use during off-duty hours?   |          |                        |
| That your venicle available for personal use during on-duty hours:  |          | да гез грио            |
| 47a Do ypu have evidence to support your deduction?   |          | X Yes No               |
| b If 'Yes,' is the evidence written?  |          | X Yes No               |
| Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.  |          | I                      |
| Accounting  |          | 240.                   |
| Administration  |          | 520.                   |
| Amortization  |          | 3,256.                 |
| Relief Driver   |          | 50.                    |
| Telephone   |          | 643.                   |
|   |          |                        |
|   |          |                        |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |          |                        |
|   |          |                        |
| 48 Total other expenses. Enter nere and on page 1, line 27  | 48       | 4,709.                 |
|   | Sched    | uie C (Form 1040) 2005 |

|   | Case 3 | <b>5</b> 200                       | v-0(            | 흥<br>617-MH                        | IT-TI                                 | FM           | D¢                  | cum                | ent 1               | 14-3                     |                          | Filed 05/07/2008 | Page 19 of 83 |
|---|--------|------------------------------------|-----------------|------------------------------------|---------------------------------------|--------------|---------------------|--------------------|---------------------|--------------------------|--------------------------|------------------|---------------|
|   |        |                                    |                 | Life Rate                          |                                       |              | S1 1/S              |                    |                     |                          | •                        |                  |               |
|   |        |                                    |                 | Melhod                             |                                       |              | 4,610               | 4,610              |                     | 7,610                    | 0                        |                  |               |
|   |        |                                    |                 | Prior<br>Depx                      |                                       |              | 48,840              | 48,840             |                     | 48,840                   | 0                        |                  |               |
|   |        |                                    |                 | Depr.<br>Rasis                     |                                       |              | 48,                 | φ,<br>φ,           |                     | 88                       |                          |                  |               |
|   |        | edule                              |                 | Salvage<br>/Basis<br>Reducin       |                                       |              |                     | 0                  |                     | 0                        | 0                        |                  |               |
|   |        | n Sch                              |                 | Prior<br>Dec Bal<br>Deor           |                                       |              |                     | 0                  | 0                   | 0                        | 0                        |                  |               |
|   |        | 2005 Alabama Depreciation Schedule | SMITH           | Prior<br>179/<br>Bonus/<br>Sn Denr |                                       |              |                     | _                  |                     |                          |                          |                  |               |
| Carlo |        | Depr                               | MICHAEL S SMITH | Special<br>Depr.<br>Allow          |                                       |              |                     | 0                  | 0                   | 0                        | 0                        |                  |               |
|   |        | bama                               | ×               | Cur<br>179<br>Bonus                |                                       |              |                     | 0                  | 0                   | 0                        | 0                        |                  |               |
|   |        | 05 Ala                             |                 | / Bus.                             |                                       |              | 48,840              | 48,840             |                     | 48,840                   | 0                        |                  |               |
|   |        | 20(                                |                 | Cost/<br>Basis                     |                                       |              |                     | 7                  |                     | J                        |                          |                  |               |
|   |        |                                    |                 | Date<br>Kd. Sold                   |                                       |              | œ,                  |                    |                     |                          |                          |                  |               |
|   |        |                                    |                 | Date<br>Acoured                    | ROUTE                                 |              | 8/02/03             |                    |                     |                          |                          |                  |               |
|   |        |                                    |                 | uqi                                | IING BREAO F                          |              |                     |                    |                     | 100                      | IOI                      |                  |               |
|   |        |                                    |                 | Descrintina                        | LOWERS BAK                            |              | Fliwers Route #2100 | Tolal Amortization | I'olal Depreciation | Grand Total Amortization | Grand Total Depreciation |                  |               |
|   |        | 12/31/05                           |                 | 3/23/06<br>No                      | Schuhile C FLOWERS BAKING BREAD ROUTE | Anuntization | Howers              | Tolal An           | folal Oe            | Grand T                  | Grand To                 |                  |               |
| 1   |        | 12                                 |                 | 3/2.                               |                                       |              |                     |                    |                     |                          |                          | <u> </u>         |               |

Filed 05/07/2008 Page 20 of 83

Georgia Form 500 (Rev 6/05)
Individual Income Tax Return
Georgia Department of Revenue
2005 (Approved software version)

|     | X Chec   | k il you DO NOT want a boo           | klet next year                                 |                               |
|-----|--|--------------------------------------|--|-------------------------------|
| DEL | EXT  |                                      |  |                               |
|     | Fiscal Year Beginning  | Fiscal Year Ending                   |  |                               |
| 7   | Your First Name  | Initial                              | Your Social Security Number                    | DEPARTMENT JSE ONLY           |
|     | MICHAEL  | S                                    | •  |                               |
|     | Your Last Name<br>SMITH  | Sulfix                               |  |                               |
|     | Spouse's First Name  | Initial                              | Spouse's Social Security Numb                  | er                            |
|     | Spouse's Last Name   | Sutfix                               |  |                               |
| 2   | Address (Check if Address has Changed) ((address line for Apt, Suite, Unit or Bidg nu                                    |                                      |  |                               |
|     |  |                                      |  | GAIA0112L 12/05/05            |
| 3   | City LAFAYETTE   | State                                | AL zip Code 368                                | 62                            |
|     | Country (if Foreign)   |                                      |  | Residency<br>Status           |
| 4   | Enter your Residency Status with the appro   | priate number                        |  | ▶ 4 3                         |
|     | 1 Full-Year Resident 2 Part-Year Residen   |                                      |  | Nonresident                   |
|     | Part-Year Residents and Nonresidents must  | omit Lines 9 thru 14 and us          | e Schedule 3 of Form 500, page 4               | Filmg<br>Status               |
| 5   | Enter Filing Status with appropriate letter (M   | Must be the same status use          | d on your Federal Return)                      | ► 5 D                         |
|     | A Single C N   | farried filing separate (Spou        | se's social security number must be o          | entered above)                |
|     | B Married filing joint D F   | lead of Household or Qualify         | ing Widow(er)                                  |                               |
| 6   | Number of exemptions (Check appropriate box) Dependents — (If you have more than 3 dep                                   |                                      | 6a Yourself X 6b Spouse litional dependents)   | 6c 1                          |
|     | First Name Las   | t Name                               | Dependent's SSN                                | Relationship to You<br>PARENT |
|     | Number of Dependents (DO NOT include yo<br>Add Lines 6c and 7a, Enter lotal  | urself or your spouse)               |  | ► 7a 1                        |
| 8   | Federal adjusted gross income (From Feder  | al Form 1040, 1040A or 104           | 0F7) <b>P 8</b>                                | 29844.                        |
| •   |  |                                      |  |                               |
|     | (Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is \$40,000 or more, Federal Form 1040 pages 1 and 2. Do not |                                      |  | e copy of your                |
| 9   | Adjustments from Schedule 1 (See instruction   | ons)                                 |  |                               |
| 10  | Georgia adjusted gross income (Net total of  | Line 8 and Line 9).                  |  |                               |
| 11  | Standard Deduction (Do not use FEDERAL   | STANDARD DEDUCTION) se               | e instructions                                 | )                             |
| Ė   | Seit: 65 or over? Blind? Spot  | ise: 65 or over? Blind?              |  |                               |
|     | Total of Boxes $x 1.300 =$   |                                      |  | 1                             |
| C   | : Total Standard Deduction (Line 11a + Line  | 116)                                 |  | :                             |
|     | Use EITHER Line 11c OR Line 12 (Do not w   | rite on both lines)                  |  |                               |
| 12  | Total Itemized Deductions Used in computing Federal Tr   | exable income, it you use itemazed d | eaucaions, you must enclose Federal Schedule / | 4                             |

# Georgia Form 500 Page 2 Case 3: Ording dual Income Tax Reference M 2005

Document 105004015250 05/07/20

Page 21 of 83

Your Social Security Number

|                     | tract either Line 11c         | or Line 12 from Line                        | 10; enter ba     | alance              |                        | ► 13                                |                                  |                       |
|---------------------|-------------------------------|---|------------------|---------------------|------------------------|-------------------------------------|----------------------------------|-----------------------|
| 14a Nur             | nber on Line 6c               | multiplied by \$2,70                        | 0 14a            |                     |                        |                                     |                                  |                       |
| 14b Num             | iber on Line 7a               | multiplied by \$3,00                        | 0 14b            |                     |                        |                                     |                                  |                       |
| 14c Add             | Lines 14a and 14b. I          | Enter total                                 | -                |                     |                        | ► 14c                               |                                  |                       |
| 15 Geo              | rgia taxable income (         | (Line 13 less Line 14                       | c or Schedu      | ile 3. Line 14)     |                        | ► 15                                | 39572.                           |                       |
| 16 Tax              | (Use Tax Table in the         | e instructions)                             | ••               |                     |                        | <b>№</b> 16                         | 2113.                            |                       |
|                     | lits from Schedule 2.         |   |                  |                     |                        | ► 17                                |                                  |                       |
| 18 Bala             | nce (Line 16 less Lin         | e 17) if zero or less                       | than zero, e     | enter zero .        |                        | . > 18                              | 2113.                            |                       |
|                     |                               |   |                  |                     |                        |                                     |                                  |                       |
| 19 Georg            | pa Income Tax Withheld        | (Enter Tax Withheld Only                    | and ericlose w   | nthholding statemen | ts)                    | ► 19                                |                                  |                       |
| 20 Estir            | mated Tax for 2005 a          | nd Form IT-560                              |                  |                     |                        | <b>►</b> 20                         | 960.                             |                       |
| 21 Low              | Income Credit (See            | worksheet on name 1                         | 1) 21a ►         | 21b.                | •                      | . ► 21 c                            |                                  |                       |
|                     | artment Use Only.             |   |                  |                     | TE IN THIS BOX         | 22                                  |                                  |                       |
|                     | prepayment credits            |   |                  | =                   |                        | ► 23                                | 960.                             |                       |
|                     | ne 18 exceeds Line 2          |   |                  |                     | -                      | . ► 24                              | 1153.                            |                       |
|                     | ne 23 exceeds Line 1          |   |                  |                     |                        | ► 25                                |                                  |                       |
|                     | unt to be credited to         |   |                  |                     |                        | . > 26                              |                                  |                       |
|                     | gia Wildlife Conserva         |   |                  |                     |                        | ► 27                                |                                  |                       |
|                     | gia Children and Eld          |   |                  |                     |                        | ► 28                                |                                  |                       |
|                     | gia Cancer Research           |   |                  |                     |                        | ► 29                                |                                  |                       |
|                     | gia Greenspace Trus           |   |                  |                     |                        | ► 30                                |                                  |                       |
|                     | gia National Guard F          |   |                  |                     |                        | . ► 31                              |                                  |                       |
|                     | 500 UET (Estimated            |   |                  | •                   |                        | ► 32                                | 29.                              |                       |
|                     | ou owe) Add Lines 24          |   | 32 THIS IS 1     |                     |                        | ► 33                                | 1182.                            |                       |
|                     | and mail Form 525-T           |   |                  |                     |                        | -                                   |                                  |                       |
|                     | TAPLE OR PAPER C              |   |                  | AX RETURN, E        | NCLOSE ALL ITE         | VIS IN THE RE                       | TURN FNVELOPE.                   |                       |
|                     |                               |   |                  |                     |                        |                                     |                                  |                       |
| (If you are         | due a refund) Subtra          | act the sum of Lines                        | 26 thru Line     | 32 from Line 2      | 25                     |                                     |                                  |                       |
| 34 THIS             | IS YOUR REFUND                |   |                  |                     |                        | , ► 34                              |                                  |                       |
|                     |                               |   |                  |                     |                        |                                     |                                  |                       |
| REFUNDS             |                               |   |                  |                     | AND TAX RETURN         |                                     |                                  |                       |
|                     | A DEPARTMENT<br>SSING CENTER  | OF REVENUE                                  |                  |                     | DEPARTMENT             | OF REVEN                            | IUE                              |                       |
|                     | X 740380                      |   |                  |                     | ING CENTER             |                                     |                                  |                       |
|                     | A. GA 30374-038               | 0   |                  | P.O. BOX            | 740399<br>GA 30374-039 | .α                                  | 0.440310                         | 100000                |
| · ( : = - · ( 4 1 ) |                               |   | Cada Ca          |                     |                        |                                     | GAIA0112L                        | 12/06/05              |
|                     | ,                             | Georgia Public Reven<br>fawlul money of the | United Sta       | les, free of any    | expense to the S       | is snaii de paid<br>tale of Georgia | i aii<br>h.                      |                       |
| Under penalty       | of perjury, I ceclare that I  | have examined this return                   | uncludina see    | dubados nomerano    | at and etatomonte and  | In the best of my                   | knowledge and belief it is true, | correct               |
| and complete.       | Declaration of preparer (c    | uner than Laxpayer) is basi                 | ed on all inforn | nation of which the | preparer has any know  | ledge.                              | •                                |                       |
|                     |                               |   |                  |                     |                        |                                     | Check                            | t the box             |
| Taxpayer's          | Signature :                   | Check if deceased )                         | Date             |                     | Da                     | vime Phone Numbe                    |                                  | horize<br>eorgia      |
| •                   | •                             | ,   |                  |                     |                        | yana rada saraa                     | Depa<br>Reve:                    | rimeni ol<br>nue lo   |
|                     |                               |   |                  |                     |                        |                                     | conte                            | ss ine<br>nts of this |
| Spouse's Si         | gnature í                     | Check if deceased )                         | Date             |                     |                        |                                     | tax re                           | turn with<br>eparer   |
|                     | nder Walton P                 | •   |                  |                     |                        |                                     | name                             | d below               |
|                     | nder G Walton                 | •   |                  |                     |                        |                                     |                                  |                       |
|                     | eparer if other than taxpayer | · · · · · · · · · · · · · · · · · · ·       | ,                |                     |                        | -1917 191 <b>3</b>                  | Phone Number                     |                       |
|                     | ~~~                           |   |                  |                     |                        |                                     |                                  |                       |
| Alexa               | ander G Wal                   | ton   |                  |                     |                        |                                     |                                  |                       |
| S grature o         |                               |   |                  |                     |                        |                                     |                                  |                       |

Filed 05/07/200% som Rangound of 83

# SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR PART-YEAR RESIDENTS AND NONRESIDENTS Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See instructions.

# DO NOT USE LINES 9 THRU 14 OF PAGES 1 AND 2, FORM 500

|        | •   | Fords of towards of                            | 1                             | 2                              |
|--------|---|--|-------------------------------|--------------------------------|
|        |   | Federal Income after<br>Georgia Adjustments    | Income not Taxable to Georgia | Georgia Income                 |
|        |   | COLUMN A                                       | COLUMNB                       | COLUMN C                       |
| 2      | Business Income or (Loss) Other Income or (Loss)                            | 104.<br>30232.<br>8.<br>30344.                 | ~17728.<br>~17728.            | 104.<br>47960.<br>8.<br>48072. |
| ADJ    | USTMENTS TO INCOME  |  |                               |                                |
| 6      | Total adjustment from Federal Form 1040                                     | 500.   |                               | 500.                           |
| 7      | Total adjustment from Form 500,<br>Schedule 1, Page 3<br>(See instructions) |  |                               |                                |
|        | Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7.                  | 29044.   | -17728.                       | 47572.                         |
| 9      | RATIO: Divide Line 8, Column C by Line 8, Column A, Enter percentage        |  | 100                           | % Not to exceed 100%           |
| 70     | Itemized or Standard Deduction (See instruction                             | ons)   | 2300.                         |                                |
|        | Personal Exemption from Form 500  |  |                               |                                |
|        |   | multiplied by \$2,700<br>multiplied by \$3,000 | 2700<br>3000                  |                                |
| 110    | c Add lines 11a and 11b, Enter total.                                       |  | 5700.                         |                                |
| 12     | Total Deductions and Exemptions:<br>Add Lines 10 and 11c                    | •        | 8000.                         |                                |
| 13     | Multiply Line 12 by Ratio on Line 9 a                                       | and enter result                               |                               | 8000.                          |
| 14     | Georgia Taxable Income: Subtract L<br>Enter here and on Page 2, Line 15 of  | ine 13 from Line 8. Column C<br>of Form 500    |                               | . 39572.                       |
|        | st the state(s) in which the income in<br>ALABAMA                           | Column B was earned and/or to w                | •                             |                                |
| 1<br>2 | MADMIN  |  | 4<br>5                        |                                |
| 3      |   |  | 5<br>6                        |                                |

| 3MB / 4   | of 83                        |
|-----------|------------------------------|
|           | R JD NUMBER                  |
|           |                              |
| )         |                              |
| <u> </u>  | 2,113.                       |
| <u></u> . | · .                          |
|           | 2,113.                       |
|           | 1,285.                       |
|           | 1,479.                       |
|           |                              |
|           | Jan. 15, 2006                |
|           | 321.                         |
|           | 370.<br>321.                 |
| 320.      | 320.                         |
|           |                              |
| 320.      | 320.                         |
| 1.        | 1.                           |
|           |                              |
| 640.      | 960.                         |
|           |                              |
|           | Not                          |
|           | Applicable                   |
|           |                              |
|           |                              |
|           |                              |
| et l      |                              |
|           |                              |
| 9.75      | 7.12                         |
|           |                              |
|           | 370.<br>321.<br>320.<br>320. |

| Case 3:07-cv-00617-MHT-TFM | Document MICHAEL S SMITH 05/07/2008 | Page 24 of 83 |  |
|----------------------------|-------------------------------------|---------------|--|

| Required<br>Installment | Payment    |        |        | Penalty      |              |       |                         |                       |
|-------------------------|------------|--------|--------|--------------|--------------|-------|-------------------------|-----------------------|
|                         | Date       | Type * | Amount | Underpayment | Days<br>Late | Rate  | Amount of<br>Penalty ** | Penally per<br>Period |
| First Qtr               |            |        |        |              |              |       |                         |                       |
| 322.                    | 4/15/05    |        |        | 322.         | 58           | 0.090 | 4.61                    |                       |
|                         | 6/12/05    | 3      | 320.   | 2.           | 94           | 0.090 | 0.05                    |                       |
|                         | 9/14/05    |        | 2.     |              |              | [     | <b>\</b>                |                       |
| Total                   |            | 1      |        |              |              |       |                         | 4.                    |
| Second Qtr              |            |        |        |              |              |       |                         |                       |
| 321.                    | 6/15/05    |        |        | 321.         | 91           | 0.090 | 7.20                    |                       |
|                         | 9/14/05    |        | 318.   | 3.           | 109          | 0.090 | 0.08                    |                       |
| Total                   | .,,        |        |        |              |              |       |                         | 7.                    |
| Rate Change             | 1/01/06    |        |        | 3.           | 14           | 0.090 | 0.01                    |                       |
|                         | 1/15/06    |        | 3.     |              |              |       |                         |                       |
| Total                   | 1, 13, 00  |        | , ,,   |              |              | f     |                         | 0.                    |
| Third Qtr               |            |        |        |              |              | }     |                         | ٠.                    |
| 321.                    | 9/15/05    |        |        | 321.         | 108          | 0.090 | 8.55                    |                       |
| Total                   | 3/ 13/ 03  | 1      |        | 321.         | 100          | 0.050 | 0.33                    | 8.                    |
| Rate Change             | 1/01/06    |        |        | 321.         | 14           | 0.090 | 1.11                    | 0.                    |
| Nace Change             | 1/15/06    |        | 217    | 321.         | 90           | 0.090 | 0.09                    |                       |
| İ                       |            |        | 317.   | 4.           | 30           | 0.050 | 0.05                    |                       |
| 70 a m = 1              | 4/15/06    | ٦      | 4.     |              |              | 1     |                         | 1.                    |
| Total                   |            |        |        |              |              | [     |                         | ٦,                    |
| Fourth Qtr              | 1 /1 = 100 |        |        | 202          | 20           | 0 000 | 7 10                    |                       |
| 321.                    | 1/15/06    |        |        | 321.         | 90           | 0.090 | 7.12                    |                       |
|                         | 4/15/06    | 5      | 321.   |              |              | }     | 1                       | -                     |
| Total                   | •          | 1      |        | }            |              | 1     | 1                       | 7:                    |
|                         |            |        |        |              |              |       | 1                       |                       |
|                         |            |        |        |              | 1            |       |                         |                       |
|                         |            |        |        |              | I            |       |                         |                       |
|                         |            | ,      |        |              |              | 1     |                         |                       |
|                         |            |        |        |              |              |       |                         |                       |
|                         |            |        |        |              |              |       |                         |                       |
| 1                       |            |        |        |              |              | į     |                         |                       |
|                         |            |        |        |              |              | ļ     |                         |                       |
|                         |            | 1      |        |              |              | Ì     |                         |                       |
|                         |            |        |        |              |              | 1     |                         |                       |
|                         |            |        |        |              |              |       |                         |                       |
|                         |            |        |        |              |              | 1     |                         |                       |
| -                       |            |        |        |              | l            |       | į                       |                       |
| l                       |            |        |        |              | ]            |       | .                       |                       |
| j                       |            |        |        |              |              |       |                         |                       |
| į                       |            |        |        |              |              | }     |                         |                       |
|                         |            |        |        |              |              | Ī     |                         |                       |
|                         |            |        |        |              |              |       |                         |                       |

TOTAL UNDERPAYMENT PENALTY.

29.

Underpayment x Days Late x Rate

<sup>1 =</sup> Overpayment
2 = Withholding
3 = Estimate
4 = Extension
5 = Paid with return

| Taxpayer's name  | Social security number  |
|--|---|
| MICHAEL S SMITH Spouse's name  | Spouse's social security number   |
|  |   |
| Part I Tax Return Information - Tax Year Ending December 31, 2005 (W   |   |
| 1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4;   | )   |
| 2 Total tax (Form 1040, line 63; Form 1040A. line 38; Form 1040EZ. line 10)  | 2 1,8   |
| 3 Federal income tax withheld (Form 1040, line 64: Form 1040A, line 39: Form 1040EZ, I   | ine 7)  |
| 4 Refund (Form 1040, line 73a; Form 1040A, line 45a; Form 1040EZ, line 11a)  | 4   |
| 5 Amount you owe (Form 1040, line 75; Form 1040A, line 47; Form 1040EZ, line 12)   |   |
| Part II Taxpayer Declaration and Signature Authorization (Be sure you g  |   |
| income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERC an acknowledgement of receipt or reason for rejection of the transmission. (b) an indication of any refund offset (c) if (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an initiation account indicated in the tax preparation software for payment of my Federal taxes owed on this retinishiution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax Federal Tax Payment System (EFTPS). In order for me to initiate future payments. I request that the IRS send me a practical Agent at 1-888-353-4537 no later than 2 business days prior to the payment settlement state. Place of the payment of taxes to receive confidential information necessary to answer includes and escover such relational information necessary to answer includes and escover such relational control of the payment of taxes to receive confidential information necessary to answer includes and escover such relational formation necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of taxes to receive confidential information necessary to answer includes the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of the payment of t | the reason for any delay in processing the return or refund, in ACH electronic funds withdrawal (direct debit) entry to the urn and/or a payment of extranted tax and the financial in payments that I direct to be debited through the Electronic payments that I direct to be debited through the Electronic payments debutication number (PIN) in access EFEPS. This |
| Taxpayer's PIN: check one box only   | <u> </u>  |
| X I authorize Alexander Walton PC to ente  | r my PINas my signa   |
| ERO firm name  | do not enter all zeros  |
| on my tax year 2005 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2005 electronically filed income tax reown PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | eturn. Check this box only if you are entering ylete Part III below.  |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | , , , , , , , , , , , , , , , , , , ,   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax room PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | , , , , , , , , , , , , , , , , , , ,   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | , , , , , , , , , , , , , , , , , , ,   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | Date - 3-23-06  |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp   | , , , , , , , , , , , , , , , , , , ,   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp  Your signature - Machine - Machine - Spouse's PIN: check one box only  I authorize to enter  | Data = 3-23-06  |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp Your signature  Spouse's PIN: check one box only  I authorize  ERO firm name  | Data = 3-23-06  r my PINas my signal do not enter all zeros  eturn. Check this box only if you are entering y   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax recome PIN and your return is filed using the Practitioner PIN method. The ERO must composite to enter the process of the process of the process of the process of the practitioner PIN method. The ERO must composite to enter the process of the process of the process of the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method. The ERO must composite the practitioner PIN method.  | Data = 3-23-06  r my PINas my signal do not enter all zeros  eturn. Check this box only if you are entering y   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax recome PIN and your return is filed using the Practitioner PIN method. The ERO must composite process PIN: check one box only  I authorize   | Date = 3-23-00  Triny PINas my signal do not enter all zeros  elurn. Check this box only if you are entering yiele Part III below.  |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax recome PIN and your return is filed using the Practitioner PIN method. The ERO must composite process PIN: check one box only  Spouse's PIN: check one box only  I authorize  ERO firm name  on my tax year 2005 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2005 electronically filed income tax recome PIN and your return is filed using the Practitioner PIN method. The ERO must composite signature  Practitioner PIN Method Returns Only — con  | Date = 3-23-00  Triny PINas my signal do not enter all zeros  elurn. Check this box only if you are entering yiele Part III below.  |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax mown PIN and your return is filed using the Practitioner PIN method. The ERO must composite process of the proces | Data > 3-23-06  r my PINas my signal do not enter all zeros  eturn. Check this box only if you are entering ylete Part III below.  Oate >   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income lax mown PIN and your return is filed using the Practitioner PIN method. The ERO must composite process of the proces | Data > 3-23-06  r my PINas my signal do not enter all zeros  eturn. Check this box only if you are entering ylete Part III below.  Oate >   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax recome PIN and your return is filed using the Practitioner PIN method. The ERO must composite process PIN: check one box only  Spouse's PIN: check one box only  I authorize   | Date > 3-23-00  Triny PIN   |
| I will enter my PIN as my signature on my tax year 2005 electronically filed income tax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp  Your signature   Spouse's PIN: check one box only  I authorize   on my tax year 2005 electronically filed income tax return.  I will enter my PIN as my signature on my tax year 2005 electronically filed income tax re own PIN and your return is filed using the Practitioner PIN method. The ERO must comp  Practitioner PIN Method Returns Only — cor  Part III Certification and Authentication — Practitioner PIN Method Only  ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN  | Date > 3-23-00  Triny PIN   |

Farmers & Merchants Bank

Payer's Fed I.D. No.

> OMB No. Interest Income FOIR 1099-INT Copy B For Recipient For year 2005

MICHAEL SMITH

Recipient's Tax I.D. No.

Federal Tax

| Account Information                     | Income           | Bonds & Treas     | Withheld |
|---|------------------|-------------------|----------|
| *                                       | **               | **                | **       |
| SAV                                     | 9.90             |                   |          |
| CD                                      | 90.72            |                   |          |
| *************************************** |                  |                   |          |
| BOX 1 Interest income not               | included in box  | 3                 | . 100.62 |
| BOX 2 Early withdrawal per              | alty             |                   |          |
| BOX 3 Interest on U.S. Say              | ings Bonds and ' | Treas. obligation | 16       |
| BOX 4 Federal income tax v              | rithbeld         |                   | •        |
| BOX 5 Investment expenses.              | <i></i>          |                   |          |
| BOX 6 Foreign Tax paid                  |                  |                   |          |
| BOX 7 Foreign country or U              |                  |                   |          |
| This is important tax info              | ormation and is  | being furnished I | to the   |

Interest Interest on U.S.

this income is taxable and the IRS determines that it has not been reported.

Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if

(Keep for your records.)

Account multiple of the country of the property of the country of

Book and Brophiton by State of the State of

details from the term of the part of the p

Box 6 Supple Charter to the section of the control

Book B. Hauter, in controlling to the Property of the Controlling o

Box 8 in season death discovering in the first season of memory of each season in the first season of the first season of Box and the Box

Box 9 its major feature you go to consider the season seas

Bor 10 min at the another than the second of the

Bor 10 mgs. 19 mg a common of the common of

#### 1099-OID OMB No. 1545 0117 Original Issue Discount

Original Issue Discount

Original Issue Discount

Original Issue State State Issue I seems to pretion the com-

Section 19 (1997) The second of the second o

Box 1. Support and a position of a position of the copy of the state of the copy of the state of the copy of the state of the copy of the

**BOX 5** Section is a series of a management of the series

Box 8, 90 m City and a second control of the Bor 7 rets (1847) FLMI. The Francisco Automobility (1847) Expenses Auto Schedula Automobility (1847) Florida (1847)

According promises. Layer in large and a second security of an investigation of the second page.

Black those is well a non-particle back to seek out throw either the search of the control of th

Box 5 in the second of the months of the property of the months of the m

BCG for the first the property of the property

DNS A gradual state of the property of the control of the model of the control of

State of the control

#### 1098-DIV OMB No. 4545-0110 Dividends and Distributions

Autourtnesses Valence in the month participation and story and attention of the second story and a second s

Bushing on the second of the latter than the second of the

The property of the property o

See Sale and walk and diginate in the control of the property of the control of t

How 2b is presented and the control of the control

Book projection for the second of the second

Box 3 The Control of the Control of

About the control of

Provide the control of the control o

Boxes Sound on Living in 14 on our procedure after any

Normal Science of the Community of the C to Forms 1009 1008 5400 and Vine

## Medicate+Choice MoA

Deciment 1.44-3 - - Filed - 95/07/2008 Page 27/07/88 Page

A HEAR OF EACH AND A TAKEN OF CONSIDER OF BROWN AND ADMINISTRATION OF THE PROPERTY OF CONTRACT OF CONT refer to from the Little construction of the plant of the first property of the construction of the constr

Charman Finders of Tolegon of Subjects on Sychastion (Reshield Reshield Community Community (Reshield Community Community (Reshield Community Community Community Community (Reshield Community Comm

Springs beneficiary of the end of the control of the control of the order of the control of the

introde movements in the Mills stores which in the Mills is placeful and if you have a like it is marketing to for the Mills in Physical Production of the American American and the American Am

Nonapouse hanaficiary it musicas technologies. A directors with MAP VM on a somewhat with use of sections 2000 of the fingular receiption of the control of the product of the control of has ANY CIPE in control of the GLO observed of the Market Control of the Market Control of the C

Account number 1846 flavor on an allong organization of a second state of the second s

Birk 1 Section 2 and provide the provided of the control of the co

programming and the control of the c

n construinted and Admit a the regulation of a Castler and College and Admit a Castler and 21.16. 1.

the area of the real place of the first of the second process.

Box 5 in this like type of a gas and it is producted from the first own par-

#### 5498-SA OMB No. 1545-1518 HSA, Archer MSA, or Medicare+Choice MSA Information

Note in the group of the knowledge may be adopted by a great particle of the state

for the property of such all of the containing the property of the containing of the

A proposed some content of the above of the above of the content o

August 1977 - Branches College (1984) in a language of the particles of the second of

The Form 882 A L. Make, the second of the element of the second of the s 1.7A .

The more than a Publish of the production of the second of

Account summer. We call  $x \to 0$  ,  $x \to 0$  , which is explicitly specified by a series and of stitutes only a finite series.

But Change the second supply the second second second second in the second seco

Note that a legal control of the experience green experiences.

Box 2. Ensemble of the box of the control progressing of the course professional control by the control by the control box of t

House American and Aug from on an agent was a Because the parties of the experience because of the parties of th

Box 9 in law the learning of the reliability of the State of the Law Country States

Box 6 in contract participates from the production of the contract participates and the Other information of the energy of  $W_{\rm S}$  . We shall support the effect of the energy of the ene

Note of the section o

|  | ste Income Tax Fleturess No. 1545-0008              | 1                            |   |                                    |
|--|---|------------------------------|---|------------------------------------|
| a Control sumber Dept.                           | Corp. Employer use only  SV2N/HT-TFI/1362           | Document 114-3               | Filed 05/07/2008                          | Page 28 of 83                      |
| FLOWERS BAKING 101 SIMMONS STRE OPELIKA, AL 3680 | CO OF OPELIKA LLC                                   |                              |   |                                    |
|  |   |                              | <b>X</b>                                  |                                    |
| ef Employee's name, address.                     | and 7IP code  |                              |   |                                    |
| MICHAEL S SMITH                                  |   |                              |   |                                    |
|  | 362   |                              |   |                                    |
| b Employer's FED ID number                       | d Ew  | i .                          |   |                                    |
| <u></u>  | 2 Federal Income tax withheld                       | 1                            |   |                                    |
| 65345_57 3 Social accurity wages                 | 4 Social security tax withheld                      | -                            |   |                                    |
| 45598.87   | 2827.13   | _1                           |   |                                    |
| 5 Medicare wages and tipe<br>45598,87            | 5 Medicare tox withheld<br>661,18                   | ł                            |   |                                    |
| 7 Social security tips                           | Altocated tips                                      | 7                            |   |                                    |
| 9 Advance EIC payment                            | 10 Gependent care benefits                          |                              |   |                                    |
| 11 Nonqualified plans                            | 12a See instructions for box 12                     |                              |   | Social Security Number:            |
| 14 Other   | 12b   | MICHAEL S SMITH              |   | Taxable Marital Status:            |
|  | 12d 1<br>13 Stat comp Flot. plan Stat party sick pa | LAFAYETTE, AL 3              | 6862                                      | SINGLE<br>Exemplions/Allowances:   |
| 15 State Employer's state ID s                   | X   | 4                            |   | Federal: 0                         |
| GA 4044425-DB<br>17 State income tax             | 65345.57<br>16 Local wages, lips, etc.              | -                            |   | State: 0<br>Local: 0               |
| 19 Local income tax                              | 20 Locality name                                    | 0 2003 AUTOMATIC DATA PROCES | A. Armini T. B. B. A. A.                  |                                    |
|  |   | Fold and Detach b            | long over 13 to the tax responsible, teat | more at https://taxpariner.adp.com |
| 1 Wagen, tips, other comp.<br>65345.57           | 2 Federal income tax withheld                       | ] [                          |   |                                    |
| 3 Social security wages<br>45598.87              | 4 Social security tax withheld 2827.13              |                              |   |                                    |
| 5 Medicare wages and tips                        | 5 Medicare tax withheld                             | 1                            |   |                                    |
| 45598.87   | 661.18  | 11                           | İ   |                                    |
| a Control number Dept.<br>8000968498 W53         | SV24 Employer use only                              |                              |   |                                    |
| 101 SIMMONS STRE<br>OPELIKA, AL 3680             | CO OF OPELIKA LLC<br>ET<br>I                        |                              |   |                                    |
| b Employer's FED ID mumber                       | d Employee's SSA number                             |                              | į   |                                    |
| 9 Advance EIC payment                            | 10 Dependent care benefits                          |                              |   |                                    |
| 11 Nonqualitied plane                            | 12a See Instructions for box 12                     |                              | ļ   |                                    |
| 14 Other   | 12Ь   |                              |   |                                    |
|  | 120   | 1                            |   |                                    |
|  | 13 Stat emp. Ret. plan 3rd party sick pay           |                              |   |                                    |
| e/f Employee's name, address                     | and ZIP code  |                              |   |                                    |
| MICHAEL S SMITH                                  |   |                              |   |                                    |
| <del></del>                                      | ••  | 363                          | i<br>d                                    |                                    |
| 15 State Employer's state ID n<br>GA 4044/25-DB  | o. 15 State wages, tips, etc.<br>65345.57           | <b>1</b> 0 обтарн н          |   | •                                  |
| 17 State Income tax                              | 18 Lucal wages, tips, etc.                          | 0<br>0                       | ਪੁੱ<br>ਉ                                  |                                    |

GA. State Filing Copy
Wage and Tax
Statement
Copy 2 to be filed with suppleyed a Statement Tax Pattern.

not have a qualifying child and you earned less than \$11,750 (\$13,750 if married filing jointly), jol.you have one qualifying child and you earned less than \$11,750 (\$13,750 if married filing jointly), fol.you have one qualifying children for the property of the propert giving it to your employer.

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Ceregy and resignous workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to Correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

Call 1-800-772-1213.

Credit for excess taxes, if you had more than one employer in 2005 and more than \$5,580.00 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your tederal income tax. If you had more than one allimad employer and more than \$2,943.60 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040 instructions and Publication 505. Tax Withholding and Estimated Tax.

#### Instructions

Box 1. Enter this amount on the wages line of your tax

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A. Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf constant in a drount is a reported in pox 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan or other in including the property of the pro

your right to the deterred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tox 12. You may need this information to complete your tax return. Elective deferrals (codes D. E. F. and S) under all plans are generally limited to a total of \$14,000 (\$17,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$14,000 Deterrals under code H are limited to \$7,000. However, if you were at least age 50 in 2005, your employer may have allowed an additional deterral of up to \$4,000 (\$2,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deterral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last three years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note, If a year follows code D, E, F, G, H, or S, you made a

Note. If a year follows code O, E, F, G, H, or S, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040. instructions

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions. C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base),

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k)

E-Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

K-20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions. Computation of the property of the computation of t

M—Uncollected social security or BRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

P - Excludable moving expense rembursements paid directly to employee (not included in boxes 1, 3, or 5) Q—Nontaxable combat pay. See the instructions for Form 1040 or Form 1040A for details on reporting this amount.

R - Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

5... Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any laxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5) W - Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs). Y-Defenals under a section 409A nonqualified defened compensation plan.

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1, it is subject to an additional 20% fair plus interest. See "Total Tax" in the Form 1040 instructions.

Box 13. If the "Reliment plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct

contributions that you may deduct

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, lest in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. Department of the Treasury – internal Revenue Service.

# HOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS,

Department of the Treasury - Internal Revenue

This information is being turnished to the Internal Revenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing. attach this W-2 to your tax return like this (following city or local instructions):

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following state instructions):

Department of the Treasury - Internal Revenue

This information is being furnished to the Internal Revenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following IRS instructions):

| TAX                 | RETURN         |
|---------------------|----------------|
| THIS<br>FORM<br>W-2 | OTHER<br>W-2'S |
|                     | •              |



TAX RETURN THIS OTHER FORM W-2'S W-2

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAY DETLICATE

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND

# 

# THE IS IS AVOIDED IN RESERVATION OF DRIVER OR 2005 KEEP EOR YOUR RECORDS

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURMISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED. \_\_\_\_\_\_

PAYER'S name, street address, city, state, ZIP code, and telephone no.

WAL-MART INC. ASOP P.O. BOX 43080 **PROVIDENCE RI 02940-3080** 

For inquiry: 800-438-6278 RECIPIENT'S name, street address, city, state, and ZIP code

MICHAEL S SMITH

LAFAYETTE AL 36862

| CORRECTED (if checked                    | Dividends an                        | d Distributions   |
|--|-------------------------------------|---|
| 1s Total ordinary dividends \$ 2.82      | 1b Qualified dividends<br>\$ 2.82   | OMB No.1545-0110  |
| 2n Total capital gain distr.             | 2b Unrecap sec. 1250 gain           | 2005  |
| 2¢ Section 1202 gain<br>\$               | 2d Collectibles (28%) gain<br>\$    | Form 1099-DIV   |
| 3 Nonchidend distributions<br>\$         | 4 Federal Income tox withheld<br>S  | Copy B<br>For Recipient   |
| 5 investment expenses<br>\$              | 6 Foreign tax paid<br>\$            | This is important tax information and is being  |
| 7 Foreign country or U.S.possession      | 8 Cash liquidation distributions \$ | lumished to the Internal<br>Revenue Service. If<br>you are required to the              |
| 9 Noncash Aquidation distributions<br>\$ | PA "                                | a return, a negligence<br>penalty or other<br>sanction may be<br>imposed on you if this |
| RECIPIENT'S Identification number        | Account number                      | income is lexable and the IRS determines that it has not been reported.                 |

#### Instructions to Recipients

Account Number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1s. Shows total ordinary dividends that are taxable, include this amount on line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required.

The amount shown may be a distribution from an employee stock ownership plan (ESOP). Report it as a dividend on your Form 1040/1040A but treat it as a plan distribution, not as investment income, for any other purpose.

Box 1b. Shows the portion of the amount in box 1a that may be eligible for the 15% or 5% capital gains rates. See the Form 1040/1040A instructions for how to determine this amount. Report the eligible amount on line 9b, Form 1040 or 1040A

Box 2a. Shows total capital gain distributions (long-term) from a regulated investment company or real estate investment trust. Report the amounts shown in box 2a on Schedule D (Form 1940) line 13. But, it no amount is shown in boxes 2c-2d and your only capital gains and losses are capital gain distributions, you may be able to report the amounts shown in box 2a on line 13 of Form 1040 (line 10 of Form 1040A) rather than Schedule D. See the Form 1040/1040A instructions.

Box 2b. Shows the portion of the amount in box 2a that is unrecaptured section 1250 gain from certain depreciable real property. Report this amount on the Unrecaptured Section 1250 Gain Worksheet-Line 19 in the Schedule D Instructions (Form 1040).

Box 2c. Shows the portion of the amount in box 2a that is section 1202 gain from certain smell business stock that may be subject to a 50% exclusion. See the Schedule D (Form 1040) instructions.

Box 2d. Shows 28% rate gain from sales or exhanges of collectibles. If required, use this amount when completing the 28% Rate Gain Worksheet- Line 18 in the

1273

17717-97362

Box 3. Shows the part of the distribution that is nonlaxable because it is a return of your cost (or other basis). You must reduce your cost (or other basis) by this amount for figuring pain or loss when you self your stock. But if you get back all your cost for other basis), report future distributions as capital gains. See Pub. 550, Investment Income and Exponses.

Box 4. Shows backup withholding. For example, a payer must backup withhold on certain payments at a 26% rate it you did not give your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification for information on backup withholding. Include this amount on your income tax return as lax withheld.

Box 5. Shows your share of expenses of a nonpublicly offered regulated investment company, generally a nonpublicly offered muhal lund. If you file Form 1040, you may deduct these expenses on the "Other expenses" fine on Schedule A (Form 1040) subject to the 2% limit. This amount is included in box 1a.

Box 6. Shows the foreign lax you may be able to claim as a deduction or a credit on Form 1040. See the Form 1040 instructions.

Boxes 6 and 9. Shows cash and noncash liquidation distributions.

Nominees. If this form includes amounts belonging to another person, you are considered a nominee recipient. You must like Form 1099-DIV with the IRS for each of the other owners to show their share of the income, and you must furnish a Form 1099-DIV to each. A trusband or wife is not required to file a nominee return to show amounts owned by the other. See the 2005 General Instructions for Forms 1099, 1096, 5498, and W-2G.

mease keep inis statement for tax purposes.

## Case 3:07-cv-00617-MHT-TFM

Page 31 of 83

CLOSING DATE - The last business day of the statement month.

PRICE PER SHARE - The price per share purchased or sold under the

TAX WITHHELD - The amount deducted from the cash dividend and paid to federal and/or state tax authorities. The letter (N) indicates that U.S. tax has been withheld for non-resident aliens or the letter (B) for those participants who are not in compliance with IRS regulations.

ANNUAL MAINTENANCE FEE - If you no longer work for Wal-Mart you may continue your account and buy shares without paying a brokerage fee. However, you will be charged \$30 once a year as a maintenance tee. The \$30 fee is automatically deducted from your account in the first quarter of each year by selling a portion of stock equal to \$30. If you do not wish to maintain your account after you leave the company. be sure to call EquiServe.

SHARE BALANCE - The number of shares in your account on the closing date.

VALUE OF SHARES - The estimated market value of the shares in your account on the closing date. It is the price per share multiplied by the share balance in your account on the closing date.

LOAN COLLATERAL - The number of shares held by EquiServe as collateral for a loan granted through the Wal-Mart Loan Program. Although these shares are still owned by you, they are not available for transfer, sale or issuance until your entire loan balance is paid. Loans are limited to associates in the U.S.

TAX INFORMATION - All participants will receive a record of dividends paid on a Form 1099-DIV. In addition, a record of all proceeds for shares sold through the Plan will be reported on Form 1099-B. Both forms will be sent once a year. Please note that a sale of shares represents a taxable event for purposes of the internal Revenue Service.

#### **GUIDELINES FOR TRANSACTION FORM**

CERTIFICATE ISSUANCE - Certificates will be registered in the name(s) in which the account is maintained on EquiServe's records. Certificates have monetary value and are negotiable. To avoid loss or theft, please keep them in a safe place!

VOLUNTARY CASH CONTRIBUTION - Fill in the amount you wish to invest on the Transaction Form and make your check payable to EquiServe. Be sure to include your Social Security Number on your check.

CERTIFICATE DEPOSIT - We suggest you use registered and insured mail when sending certificates for deposit into your Plan account.

SHARE THANSFER - If you want to transfer shares from your account into a different account, please complete the Share Transfer section and have your signature(s) guaranteed. We can transfer shares only to individuals who have an existing account with EquiServe.

SHARE SALE - You may sell all or part of your shares held in your account at any time by calling EquiServe. You will be asked your name, Social Security number, PIN, and the number of shares to be sold. If the call is received before 2:00 p.m. Eastern Time (1:00 Central) Monday through Friday, the shares will be sold the same day if the securities market is open for normal business. For calls after 2:00 p.m. (1:00 Central), the transaction will take place the next business day. EquiServe fees and commissions on stock sales will be \$20 per transaction and 10 cents per share sold. You should receive a check representing the proceeds within 7 to 10 business days after the date of sale.

ADDRESS CHANGES - To ensure accurate and prompt updating of your new address, address changes should be given to both EquiServe and to your location manager.

INTERNET ACCOUNT ACCESS - You can obtain account balances. duplicate forms, and request the sale or issuance of your stock over the Internet at www.equiserve.com. To access your account, a password is required. If you have forgotten or lost your password you can have it reset by calling 1-800-438-6278.

For faster service, certificate issuances, share sales, and address changes can be made by calling our Customer Service Representatives at 900-438-5278,

| Share Transfer: Transfer shares as follows:  | Change of Address:   |
|--|--|
| Transfer shares into the following account:  | Participant name   |
| Account name   | Account number   |
| Account number   | New address  |
| Signature(s) of Plan participant(s):   | ######################################   |
|  |  |
|  | Account Consolidations   |
|  | If you received more than one statement, please contact EquiServe to                               |
| Affix Medallion Signature Guarantee* Imprint                                       | consolidate your accounts.   |
| Date By  | ·  |
| *Signature guarantees must be obtained from an Eligible Guarantor Institution such | as a Commercial Bank, Trust Company, Securities Broker/Dealer, Credit Union or Savings Association |

IMPODIANT TAX DOCUMENT ENGLOSED reiconone: 1273 200001/19 11 1742 V-00617-MHT-TFM Docume Vallation british blattallation and below the british blattallation and below the blattallation and below the british blattallat By Facsimile: 1/2008 Page 32 of 83 E-Mail: Wal-Mart@computershare.com MICHAEL S SMITH & WANDA BRUSHWOOD **LAFAYETTE AL 36862-5604** )ssue# Account# Stock Symbol WMT SAVE THIS STATEMENT FOR TAX PURPOSES Dividend Information Record Date: Dec 16, 2005 | Payable Date: Jan 03, 2006 Dividend Option: Full Reinvestment **RECORD DATE SHARES FOR REINVESTMENT** Amount Withheld From Gross **Net Amount** Security Rate(\$) Certificate Shares Plan Shares **Total Shares** Gross Amount(\$) Tax(\$) Reinvested(\$) Fee(\$) **COMMON STOCK** 4.754 4.754 0.15000 0.71 0.71 Plan Account Activity Fees and/or Date Description Net Dollar Amount(\$) **Transaction Shares** Total Shares Held 01/01/2005 Balance Forward 5.281 5.281 01/03/2005 Common Dividend Purchase 0.69 53.772 0.013 5.294 03/15/2005 Shares Tendered 30.00 51.282 -D.585 4.709 04/04/2005 Common Dividend Purchase 0.71 49,179 0.014 4.723 06/06/2005 | Common Dividend Purchase 0.71 47,796 0.015 4.738 09/06/2005 Common Dividend Purchase 0.71 45.218 0.016 4.754 01/03/2006 Common Dividend Purchase 0.71 45.996 0.015 4.769 Total Holdings and Market Value (As of the close of business on 01/03/2006) Security Certificate Shares Plan Shares Total Shares Market Value(\$) Price per Share(\$) COMMON STOCK 4.769 4.769 46.230 220.47 Access and manage your account online. To login or request your initial password, go to www.computershare.com/equiserve and click on "Account Access." Messages On June 17,2005, Equiserve was acquired by Computershare. The name 'Computershare' will replace 'EquiServe' on correspondence, statements, and other material you receive in connection with your shareholdings. The combined company is committed to provide the level of shareholder satisfaction that will meet your expectations for quality and timely service. Transaction Form - use this only when you have additional business Certificate Deposit Associate Stock Ownership Plan Voluntary Cash Contribution Mall this form to: Computershare Trust Comapny, N.A. P.O. Box 43080 Make check payable to: Computershare Trust Company 108 (Maximum \$125,000 per year) - includes payroll deductions and Voluntary contributions. nce, Fif 02940-3080 Deposit this number of shares (certificate(s) enclosed) Issue#: Certificate Withdrawa MICHAEL S SMITH If you receive more than one statement, or it you would like Issue a cerificate for this number to change the name(s) or joint tenant on account please & WANDA BRUSHWOOD call Computershare Trust Company at: 1-800-438-6278. By signing below, you agree that the sale of sheres is authorized by you and all other registered owners of the 19809 a certificate tot all full shares and a check for fractional shares shares and will be binding on you and such other owners. Signature Date Share Sales Signature Soll this number of shares (il joint account) My Telephone Number ( ) Address change, share trensfer or account consolidations

Please mark box and complete other

side of form

Please keep this statement for tax purposes. Qase 3:07-cv-00617-MHT-TFM

SELECTED \$1414 MENT BEFORE 5008

Page 33 of 83

CLOSING DATE - The last business day of the statement month.

**PRICE PER SHARE** - The price per share purchased or sold under the Plan.

TAX WITHHELD - The amount deducted from the cash dividend and paid to federal and/or state tax authorities. The letter (N) indicates that U.S. tax has been withheld for non-resident aliens or the letter (B) for those participants who are not in compliance with IRS regulations.

ANNUAL MAINTENANCE FEE - If you no longer work for Wal-Mart you may continue your account and buy shares without paying a brokerage fee. However, you will be charged \$30 once a year as a maintenance fee. The \$30 fee is automatically deducted from your account in the first quarter of each year by selling a portion of stock equal to \$30. If you do not wish to maintain your account after you leave the company, be sure to call EquiServe.

SHARE BALANCE - The number of shares in your account on the closing date.

VALUE OF SHARES - The estimated market value of the shares in your account on the closing date. It is the price per share multiplied by the share balance in your account on the closing oate.

LOAN COLLATERAL - The number of shares held by EquiServe as collateral for a loan granted through the Wal-Mart Loan Program. Although these shares are still owned by you, they are not available for transfer, sale or issuance until your entire loan balance is paid. Loans are limited to associates in the U.S.

TAX INFORMATION - All participants will receive a record of dividends paid on a Form 1099-DIV. In addition, a record of all proceeds for shares sold through the Plan will be reported on Form 1098-B. Both forms will be sent once a year. Please note that a sale of shares represents a taxable event for purposes of the Internal Revenue Service.

#### **GUIDELINES FOR TRANSACTION FORM**

CERTIFICATE ISSUANCE - Certificates will be registered in the name(s) in which the account is maintained on EquiServe's records. Certificates have monetary value and are negotiable. To avoid loss or theft, please keep them in a safe place!

VOLUNTARY CASH CONTRIBUTION - Fill in the amount you wish to invest on the Transaction Form and make your check payable to EquiServe. Be sure to include your Social Security Number on your check.

CERTIFICATE DEPOSIT - We suggest you use registered and insured mail when sending certificates for deposit into your Plan account.

SHARE TRANSFER - If you want to transfer shares from your account into a different account, please complete the Share Transfer section and have your signature(s) guaranteed. We can transfer shares only to individuals who have an existing account with EquiServe.

Note: A notary signature guarantee will not be accepted for share transfers.

SHARE SALE - You may sell all or part of your shares held in your account at any time by calling EquiServe. You will be asked your name, Social Security number, PIN, and the number of shares to be sold. If the call is received before 2:00 p.m. Eastern Time (1:00 Central) Monday through Friday, the shares will be sold the same day if the securities market is open for normal business. For calls after 2:00 p.m. (1:00 Central), tha transaction will take place the next business day. EquiServe fees and commissions on stock sales will be \$20 per transaction and 10 cents per share sold. You should receive a check representing the proceeds within 7 to 10 business days after the date of sale.

ADDRESS CHANGES - To ensure accurate and prompt updating of your new address, address changes should be given to both EquiServe and to your location manager.

INTERNET ACCOUNT ACCESS - You can obtain account balances, duplicate forms, and request the sale or issuance of your stock over the Internet at www.equiserve.com. To access your account, a password is required. If you have forgotten or lost your password you can have it reset by calling 1-800-438-6278.

For faster service, certificate Issuances, share sales, and address changes can be made by calling our Customer Service Representatives at 800-438-6276.

| hare Transfer: Transfer shares as follows:  | Change of Address:   |
|---|--|
| ransfershares into the following account:   | Participant name   |
| count name                                  | Account number   |
| ccount number                               | New address  |
| ignature(s) of Plan participant(s):         | •  |
|   |  |
|   | Account Consolidations   |
|   | If you received more than one statement, please contact EquiServe to |
| flix Modallion Signature Guarantee* Imprint | consolidate your accounts.   |
| ateBy                                       |  |

TAX YEAR Filed 05/07/2008

2005 Page 34 of 83

MICHAEL SMITH

LAFAYETTE AL 36862

THIS IS THE FINAL STATEMENT FOR THE 2005 TAX YEAR. IF YOU HAVE ANY QUESTIONS OR NEED FUTHER ASSISTANCE PLEASE CALL TAMMY JACKSON AT (334)864-9941. THANK YOU.

| CERTIFICATE<br>NUMBER | CURRENT<br>BALANCE | ACCRUED<br>INTEREST | MATURITY<br>DATE | INTEREST<br>RATE | YEAR-TO-DATE<br>INTEREST |
|-----------------------|--------------------|---------------------|------------------|------------------|--------------------------|
| 4805401               | .00                | .00                 | 4/24/06          | 2.750            | 3.63                     |
| 4805402               | 534.33             | .27                 | 6/26/06          | 3.100            | 11.86                    |
| 4805403               | 530.71             | .63                 | 9/18/06          | 3.100            | 11.13                    |
| 4805404               | 521.60             | 1.72                | 5/21/06          | 2.950            | 10.84                    |
| 4805405               | .00                | .00                 | 4/09/06          | 2.750            | 20.29                    |
| 4805406               | 510.99             | 2.82                | 7/28/06          | 3.100            | 9.23                     |
| 4805408               | 506.92             | 3.05                | 4/13/06          | 2.750            | 6.92                     |
| 4805409               | 3,104.81           | 13.80               | 4/13/06          | 2.750            | 42.60                    |
| TOTAL                 | 5,709.36           | 22.29               | · -•             |                  | 116.50                   |

#### ACCOUNT ACTIVITY

| NUMBER  | DATE     | AMOUNT   | DESCRIPTION                           |
|---------|----------|----------|---------------------------------------|
| 4805401 | 1/24/05  | 1.65     | INTEREST ADDED BACK                   |
| 4805401 | 4/24/05  | 1.62     | INTEREST ADDED BACK                   |
| 4805401 | 5/03/05  | .36      | EARLY REDEMPTION - CR BALANCE & YTD I |
| 4805401 | 5/03/05  | 526.23   | IRA-TRANSFER TO ANOTHER CERTIFICATE   |
| 4805402 | 3/26/05  | 1.80     | INTEREST ADDED BACK                   |
| 4805402 | 6/26/05  | 1.85     | INTEREST ADDED BACK                   |
| 4805402 | 9/26/05  | 4.11     | INTEREST ADDED BACK                   |
| 4805402 | 12/26/05 | 4.10     | INTEREST ADDED BACK                   |
| 4805403 | 3/18/05  | 2.31     | INTEREST ADDED BACK                   |
| 4805403 | 6/18/05  | 2.37     | INTEREST ADDED BACK                   |
| 4805403 | 9/18/05  | 2.38     | INTEREST ADDED BACK                   |
| 4805403 | 12/18/05 | 4.07     | INTEREST ADDED BACK                   |
| 4805404 | 2/21/05  | 1.61     | INTEREST ADDED BACK                   |
| 4805404 | 5/21/05  | 1.56     | INTEREST ADDED BACK                   |
| 4805404 | 8/21/05  | 3.82     | INTEREST ADDED BACK                   |
| 4805404 | 11/21/05 | 3.85     | INTEREST ADDED BACK                   |
| 4805405 | 1/09/05  | 7.93     | INTEREST ADDED BACK                   |
| 4805405 | 4/09/05  | 7.78     | INTEREST ADDED BACK                   |
| 4805405 | 5/03/05  | 4.58     | EARLY REDEMPTION - CR BALANCE & YTD I |
| 4805405 | 5/03/05  | 2,535.98 | IRA-TRANSFER TO ANOTHER CERTIFICATE   |
| 4805406 | 1/28/05  | 1.77     | INTEREST ADDED BACK                   |
| 4805406 | 4/28/05  | 1.74     | INTEREST ADDED BACK                   |
| 4805406 | 7/28/05  | 1.76     | INTEREST ADDED BACK                   |
| 4805406 | 10/28/05 | 3.96     | INTEREST ADDED BACK                   |
| - 3     | ,,       | J.J0     | THE DIVIDE BUCK                       |

|            |            | PAGE :  |
|------------|------------|---------|
| Individual | Retirement | Account |

Farmers & Merchants Bank

Lafayette, AL 36862

CUSTOMER #
TAX YEAR

2005

MICHAEL SMITH

LAFAYETTE AL 36862

## ACCOUNT ACTIVITY

| NUMI<br>48054<br>48054<br>48054<br>48054<br>48054 | 108 4/13<br>108 7/13<br>108 10/13<br>109 5/03<br>109 8/03 | 3/05 500.<br>3/05 3.<br>3/05 3.062.<br>3/05 21. | 00 IRA - DE 43 INTEREST 49 INTEREST 21 IRA TRAN 23 INTEREST | POSIT ADDED ADDED SFER - ADDED | BACK<br>BACK<br>INTERNAL<br>BACK | TO PREVIOUS |
|---|---|---|---|--------------------------------|----------------------------------|-------------|
| 48054   | 109 TT/03   | 3/05 21.  | 37 INTEREST   | ADDED                          | BACK                             |             |

## PLAN ACTIVITY

| BEGINNING BALANCE             | 5,092.86 |
|-------------------------------|----------|
| CONTRIBUTIONS - PREV TAX      | 500.00   |
| TRANSFER DEPOSIT              | 3,062.21 |
| INTEREST EARNED               | 116.50   |
| MISCELLANEOUS DEBIT           | 3,062.21 |
| ENDING BALANCE                | 5,709.36 |
|                               | ·        |
| FAIR MARKET VALUE ON 12/31/05 | 5.709.36 |

98301

# 

Filed 05/07/2008

Page 36 of 83

MICHAEL S SMITH & WANDA BRUSHWOOD

1273

LAFAYETTE AL 36862-5604

#### **Instructions For Recipient**

Brokers must report proceeds from transactions to you and the IRS on Form 1099-B by January 31 of the year following the calendar year of the transaction.

Account Number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1a. Shows the trade date of the transaction. For aggregate reporting, no entry will be present.

Box 1b. For broker transactions, may show the CUSIP (Committee on Uniform Security Identification Procedures) number of the item reported.

Box 2. Shows the aggregate proceeds from transactions involving stocks, bonds, other debt obligations, commodities, or forward contracts. The broker must indicate whether gross proceeds or gross proceeds less commissions and option premiums were reported to the IRS. Report this amount on Schedule D (Form 1040), Capital Gains and Losses.

Box 4. Shows backup withholding. Generally, a payer must backup withhold at a 28% rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. include this amount on your income tax return as tax withheld.

Box 7. Shows a brief description of the item or service for which the proceeds are being reported. For regulated futures contracts and forward contracts, "RFC" or other appropriate description may be shown.

#### **DIVIDEND REINVESTMENT PLAN**

|   | Proceeds From E               | Broker and Barter Exchange Trans   | sactions               | YEAR: <b>2005</b>                  | - FORM -1099B        |
|---|-------------------------------|--|------------------------|------------------------------------|----------------------|
|   | 1273                          |  | -MART INC. ASOP        |                                    |                      |
|   | Processor and the second      | ALL AMOUNTS REPORTED TO THE 189 AS GROSS PROCEEDS  |                        |                                    |                      |
|   | 03/15/05                      | 30.00  |                        | 0.585 SHRS TENOERED @ \$51.282/SHR |                      |
|   |                               |  |                        |                                    |                      |
| ! | RECIPIENT'S HAME              | , STREET ADDRESS (INCLUDING APT. NO.), CITY, BTA   | TE, AND ZIP CODE       |                                    | Energenine normalies |
| Ì | MICHAEL S SMI<br>& WANDA BRUS |  |                        |                                    |                      |
|   |                               |  |                        | TANKE WAS ADDES LINGTED FOR DEAL   |                      |
|   | LAFAYETTE AL                  | 36862-5604   |                        | COMPUTERSHARE                      |                      |
|   | 1                             |  |                        |                                    |                      |
| Ì | I IF YOU ARE REQUIRED         | COP<br>(SAFORMATION AND IS SEING FURNISHED TO THE IN<br>TO FILE A RETURN, A NEOLIGENCE PENALTY OR<br>HIS INCOME IS TAXABLE AND THE IRB DETERMINE | OTHER SANCTION MAY BE  | EIN:                               | 2nd TIN notification |
| L | REPORTED.                     |  | (EEP FOR YOUR RECORDS) | For Inquiry: 1-800-438-6278        |                      |

| FLOWERS BAKING 101 SIMMONS STI OPELIKA, AL 36       | PEET  | FED. INCOME<br>TAX WITHHELD<br>BOX 02 OF W-2                       | 0.00                                       | MEDICARE TAX<br>WITHHELD<br>BOX 06 OF W-2                 | 661.18                                      |
|---|---|--|--|---|---|
|   |   | STATE INCOME TAX BOX 17 OF W-2 LOCAL INCOME TAX BOX 19 OF W-2      | 0.00<br>0.00                               | 5UI/SDI<br>BOX 14 OF W-2                                  | 0.00  |
| eff Employee's name, address MICHAEL S SMITH        |   | DUA 19 UF W-2  |  |   |   |
| LAPATETTE,  | •   |  |  |   |   |
| LAMETE,   |   |  |  |   |   |
| b Employer's FED ID numb                            | r d Employee's SSA number                       | 1  |  |   |   |
| 65345.5   | 7 Fed   | I  | **   |   |   |
| 3 Social security wages                             | 4 Social security lex withheld                  |  |  |   |   |
| 45598.8<br>5 Medicare wages and tips                | 6 Medicare tax withheld                         | 1  |  |   |   |
| 7 Social security tips                              | 7 661.18  |  | e your employee W-4 p                      |   |   |
| 9 Advance EIC payment                               | 10 Dependent core benefits                      |  | a new W-4 with your                        |   |   |
| 11 Mongualified plans                               | 12a See instructions for box 12                 | -  |  |   | 9 Parasida Manda                            |
| 14 Other  | 12b   | MICHAEL S SN   | NTH  |   | i Security Humber:<br>Die Marital Status:   |
|   | 12d<br>13 Stat smp. Ret. plan 3rd party sick pa | WATELIE, A   | L 36862                                    |   | INGLE<br>ptions/Allowances:                 |
| 15 State Employee's state it                        | D no. 15 State wages, tipa, etc.                |  |  |   | ptions/Aironains—a:<br>aderal: 0            |
| TOTAL STATE   | 18 Local wages, Nps, etc.                       |  |  |   | tute: 0<br>ocal: 0                          |
| 19 Local income tax                                 |   |  |  | •   |   |
| 19 Tochi lucome inx                                 | 20 Locality name                                | C 2005 AUTOMATIC DATA I  |  | ( Preparation, learn more at https://ta:                  | epartner.adp.com                            |
| 1 Wages, tips, other comp.                          | 2 Federal Income tax withheld                   | Wages, tips, other comp.   | 2 Federal Income tax withheld              | 1 Wages, tips, other comp.                                | 2 Federal Income tax withheld               |
| <b>5534</b> 5,5                                     | 7   | 65345.57   | <u> </u>                                   | 65345.57  |   |
| 3 Social security wages<br>45598.8                  |   | 3 Social security wages<br>45598 .87                               | 4 Social security tax withheld<br>2827.13  | 3 Social security wages<br>45598.87                       | 4 Social security tax withhold<br>2827 . 13 |
| 5 Medicare wages and tips<br>45598 . 8              | 6 Medicaro tax withheld<br>7 661.18             | 5 Medicare wages and tips<br>45598 . 87                            | 6 Medicare tax withheld<br>661,18          | 5 Modicare wages and tips<br>45598.87                     | 6 Medicara tax withheld<br>661.18           |
| a Control number Dupi                               | Corp. Employer use only<br>SV24 1361            | Control number Dept.   | Corp. Employer use only<br>SV24 136        | a Control number Dept.                                    | Corp. Employee use only<br>SV24 131         |
| c Emptoyer's name, addres                           |   | c Employer's name, address, a                                      |  | c Employer's name, address,                               |   |
| FLOWERS BAKING<br>101 SIMMONS STI<br>OPELIKA, AL 38 |   | FLOWERS BAKING (<br>101 SIMMONS STREI<br>OPELIKA, AL 36801         |  | FLOWERS BAKING (<br>101 SIMMONS STRE<br>OPELIKA, AL 36801 | ET  |
| h Employet's FED ID numb                            | d Employee's SSA number                         | b Employer's FED IO number<br>63-0752595<br>7 Social security tips | d Employee's SSA number                    | b Employer's FED ID number                                | d Employee's SSA onmbo                      |
| Advance EIC payment                                 | 10 Dependent care benefits                      | 9 Advance EtC payment  | 10 Dependent pare benefits                 | 9 Advance EIC payment                                     | 10 Dependent care benefits                  |
| 11 Monqualified plans                               | 12a See instructions for bex 12                 | 11 Honqualified plans  | 120  | 11 Nonquelified plans                                     | 120   |
| 14 Other  | 125   | 14 Other   | 126  | 14 Other  | 126   |
|   | 12c   |  | 12e  | 1   | 120   |
|   | 13 Stat emp[Rot. plan 3rd party sets pay        |  | 13 Stat sup   Ret. plan 3rd party sick p   |   | 13 Stat smp. Flet, ptan 3rd party sick      |
| ad Employee's name, addres                          | [ X ]   | of Employae's name, address a                                      | X  | o/f Employee's name, address:                             | X   |
| MICHAEL S SMITH                                     | 1   | MICHAEL S SMITH  |  | MICHAEL S SMITH   |   |
| EDITIFUE, AL  | SPONE   | H9   |  |   | 862   |
| 15 State Employer's state #<br>TOTAL STATE          | no. 16 State wages, Upo, etc.                   | 15 State Employer's vanta 10 no                                    | . 16 State wages, tips, etc.<br>65345 . 57 | 15 State Employer's state ID n                            | o. 16 State wages, tips, etc.<br>65345.57   |
| 17 State income tax                                 | 18 Lucal wages, tips, etc.                      | 17 Sint  | wages, tips, etc.                          | 0 17 State Income tax                                     | 18 Local wages, tipo, etc.                  |
| 19 Local income tex                                 | 20 Locality name                                | 18 Local Income tax  | 28 Locality name                           | 19 Local income tax                                       | 20 Locality name                            |
|   | 1   | J , L  | .1   | AL, State Fil   | 1   |

not have a qualifying child and you earned less than \$11,750 (\$13,750 if married filing jointly), (b) you have one qualifying child and you earned ress from \$31,750 (\$13,750 if married filing jointly), or (c) you have from \$1,33,263 (\$33,030 (stainted filing jointly), or (c) you have limited filing jointly). You and any qualifying child and you earned less than \$33,263 (\$37,263 if married filing jointly). You and any qualifying children must have valid social security numbers (\$\$Ns). You carried the EEC if your investment income is more than \$2,700. Any EEC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,597 of the EIC in activance by completing Form W-5. Earned Income Credit Advance Payment Certificata, and giving it to your employer.

Clergy and religious workers. If you are not subject to

Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Certy and reeiglous workers.

Corrections. If your mane, SSM, or address is incorrect, currect Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you stroud ask for a new card at any SSA office or call 1-900-772-1213.

Credit for excess takes, if you had more than one employer in 2005 and more than \$5,580,00 in social security and/or Tier I railroad retirement (RRTA) taxes were security and/or 1/lef I railroad referement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$2.943.50 in Tier II RRTA tax was withheld, you also may be able to claim a credit See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.

#### Instructions

Box 1. Enter this amount on the wages line of your tax

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 8. This amount is not included in boxes 1, 3, 5, or 7. For information on how to report tips on your tax return, see your Form 1040 instructions.

Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040A. Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf distribution made to you from a nonqualified deterred compensation or nortgovernmental section 457(b) plan or bit included to box Sandro 5-th it is a prior year deterret / O7 target a nongalified to section 457(b) plan in that declared target is not section 457(b) plan in that declared target is not plan and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D. E. F. and S.) under all plans are generally limited to a total of \$14.000 [\$17,000 for section 40300] plans if you qualify for the 15-year rule explained in Pub. \$71). Deferrals under code G are limited to \$14,000. Deferrals under code G are limited to \$14,000. Deferrals under code (G are limited to \$14,000. Deferrals under code (G) are limited to \$14,000. Deferrals under code (G) are limited to \$14,000. Deferrals under code (G) are limited to \$4,000 (Se). Your employer may have allowed an additional deferral of up to \$4,000 (Se). 2000 for saction 401(6)<sup>1</sup> 1 and 408(6) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals. For code G, the limit on elective deferrals are contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries, Tips, etc." line instructions for Form 1040.

Note. If a year hollows code D, E, F, G, H, or S, you made a make-up person contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for current year. for the current year

A-Uncollected social security or RHTA tax on lips, include this tax on Form 1040. See "Total Tax" in the Form 1040.

B--Uncollected Medicare tax on tips, Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions. G-Taxable cost of group term life insurance over \$50,000 (included in boxes 1, 5 (up to social security wage base).

D—Elective deterrats to a section 401(k) cash or deterred arrangement. Also includes deferrals under a SIMPLE retrement account that is part of a section 401(k)

E-Elective deferrals under a section 403(b) salary reduction agreement

F-Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deterrals and employer contributions (including nonelective deterrals) to a section 457(b) deterred compensation plan

n-zuvo excise iax on excess golden parachure payments. See "Total Tax" in the Form 1040 instructions.

A Substantiated employee business expenses permit in the p instructions.

N--Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions,

P-Excludable moving expense reimbursements paid directly to employee (not included in boxes 1, 3, or 5) Q-Nontaxable combat pay See the instructions for Form 1040 or Form 1040A for details on reporting this amount. R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 40B(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in lox 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V - Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5) W - Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Yav" in the Form 1040 instructions.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

contribution's trial you may deduct.

Note: Keep Copy C of Form W-2 for at least 5 years after the due date for fising your income tax return. However, to help profect your social security benefits, keep Copy C until you begin receiving social security benefits, let in case there is a question about your work record and/or earnings in a particular year. Herewe the information shown on your annual flor workers over 25) Social Security Statement. This information is being turnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is basable and you fail to report it. Department of the Treasury – Internal Revenue Service

#### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

Department of the Treasury - Internal Revenue Service

This Information is being furnished to the Internal Rovenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following city or local instructions):

Department of the Treasury - Internal Revenue Service

This information is being furnished to the Internal Revenue Service

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following state instructions):

Department of the Treasury - Internal Revenue Service

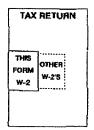
This information is being furnished to the internal Revenue Service.

#### IMPORTANT NOTE:

in order to insure efficient processing, attach this W-2 to your tax return like this (following IRS instructions):

TAX RETURN THIS OTHER FORM W-2'S W-2

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

TAX RETURN THIS OTHER FORM W-2'S

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX FETURNS.

# SMITH DEFENDANT'S EXHIBIT 3

# MICHAEL S SMITH

LAFAYETTE, AL 36862 Home:

| FFD | FRAI | FO | RMS |
|-----|------|----|-----|

|             | V 25 2.17.2 V 27.117.0                            |
|-------------|---|
| Form 1040   | 2006 U.S. Individual Income Tax Return            |
| Form 1040-V | Payment Voucher                                   |
| Schedule C  | Profit or Loss From Business                      |
| Schedule D  | Capital Gains and Losses                          |
| Form 4562   | Depreciation and Amortization                     |
| Form 4797   | Sale of Business Property                         |
| Form 8879   | IRS e-file Signature Authorization                |
| Form 8880   | Qualified Retirement Savings Contributions Credit |
|             | Vehicle Expense Worksheet                         |
|             | Depreciation Schedules                            |
|             |   |

## **ALABAMA FORMS**

| Form 40         | 2006 Alabama Individual Income Tax Return    |  |
|-----------------|--|--|
| Schedule A      | Alabama Schedule A - Itemized Deductions     |  |
| Schedule B & CR | Interest and Dividend Income and Schedule CR |  |
| Schedule D      | Alabama Supplemental Income Schedule         |  |
| Schedule C      | Profit or Loss From Business                 |  |
| Form AL8453     | Declaration for Electronic Filing            |  |
|                 | Alabama Depreciation Schedules               |  |
|                 | -  |  |

#### **GEORGIA FORMS**

| <b>33</b> 0.000          |  |  |  |  |  |
|--------------------------|--|--|--|--|--|
| Form 500<br>Form GA-8453 | 2006 Georgia Individual Income Tax Return<br>Declaration for Electronic Filing |  |  |  |  |

| FEE SUMMARY     |    |        |
|-----------------|----|--------|
| Preparation Fee | \$ | 250.00 |
| Amount Due      | \$ | 250.00 |

<sup>\*\*\*</sup>All invoices for Tax Returns due upon receipt.\*\*\*

## AUBURN, AL 36831-3404

April 3, 2007

MICHAEL S SMITH

LAFAYETTE, AL 36862

Dear Michael,

Your 2006 Federal Individual Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879 - IRS e-file Signature Authorization. There is a balance due of \$140.

Make your check payable to the "United States Treasury" and mail your Form 1040-V payment voucher on or before April 17, 2007 to:

INTERNAL REVENUE SERVICE P.O. BOX 105017 ATLANTA, GA 30348-5017

The contribution to your traditional IRA for 2006 is \$500. To ensure that your contribution is allowable, \$500 must be deposited to your account on or before April 17, 2007.

Your 2006 Alabama Individual Income Tax Return will be electronically filed with the State of Alabama upon receipt of a signed Form AL8453. No tax is payable with the filing of this return.

Your 2006 Georgia Individual Income Tax Return will be electronically filed with the State of Georgia upon receipt of a signed Form GA-8453. No tax is payable with the filing of this return. The refund of \$913 will be directly deposited into your bank account.

Please be sure to call if you have any questions.

Sincerely,

ALEXANDER WALTON

|        | Label _                           |  |                                     |
|--------|-----------------------------------|--|-------------------------------------|
| Ca     |                                   | DOCHAGIA/ISHITHM Document 114-3 Filed 05/07/2008   | Page 44 of 83                       |
|        | Use the                           | a joint return, spouse's first name Mi Last name   | Spouse's social security number     |
|        | IRS label.                        |  |                                     |
|        | Otherwise, please print           | ome address (number and street). If you have a P.O. box, see instructions.  Aparlment no.  | You must enter your social security |
|        | or type.                          |  | number(s) above.                    |
|        | . 1                               | ity, town or post office. If you have a foreign address, see instructions State ZIP code   | Checking a box below will not       |
|        | Presidential Election             | AFAYETTE, AL 36862   | change your tax or refund.          |
|        | Campaign                          | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions)   | You Spouse                          |
|        | Fillian Chatan                    | 1   Single 4   X   Head of household (with qua   | llifying person). (See              |
| •      | Filing Status                     | instructions.) If the qualifying   | g person is a child                 |
|        | <b>a.</b>                         | 3   Married filing separately. Enter spouse's SSN above & full name here.  | er uns cinios                       |
|        | Check only one box.               | name here . S Qualifying widow(er) with dependen   | t child (see instructions)          |
|        |                                   |  | Boxes checked .                     |
|        | Exemptions                        |  | on Se and Sb .                      |
|        |                                   | b Spouse (2) Dependent's (3) Dependent's (4)   | → No. of children  √ if on 6c who:  |
|        |                                   | c Dependents: social security relationship qual  | ifying lived or child with you      |
|        |                                   | number to you tax  | redit • die nos                     |
|        |                                   | (1) First name Last name (see  | nstrs) live with you                |
|        |                                   |  | (see instrs)                        |
|        |                                   |  | Dependents                          |
|        | If more than four dependents,     |  | on 6c not entered above .           |
|        | see instructions                  |  | Add numbers<br>on lines             |
| •      |                                   | d Total number of exemptions claimed   | above                               |
|        |                                   | 7 Wages, salanes, tips, etc. Altach Form(s) W-2  | 7                                   |
|        | Income                            | 8a Taxable Interest. Attach Schedule B imagu ed  | 8a 187.                             |
|        |                                   | b Tax-exempt interest. Do not include to the land to t |                                     |
| P. 1   | Attach Form(s)                    | 9a Ordinary dividends. Attach Scheding Bur required  | 9a 3.                               |
| No. 15 | W-2 here. Also<br>attach Forms    | a domined distriction (300 miss species (42  | 4.5                                 |
|        | W-2G and 1099-R                   | 10 Taxable refunds, credits, or offsets of stale and local informetation (see astructions)   | 10                                  |
|        | if tax was withheid.              | 11 Alimony received  | 12 26,905.                          |
|        | If you did not                    | 12 Business income or (loss). Attach Schedule C or C-EZ  | 13 -3.                              |
|        | get a W-2,<br>see instructions,   | 14 Other gains or (losses). Attach Form 4797.  | 14 6,043.                           |
|        | des filos Sessito.                | 15a IRA distributions  | 15b                                 |
|        |                                   | 16a Pensions and annuities 16a b Taxable amount (see instrs)   | 16b                                 |
|        |                                   | 17 Rental real estate, royalhes, partnerships, S corporations, trusts, etc. Attach Schedule E.   | 17                                  |
|        | Enclose, but do                   | 18 Farm income or (loss), Attach Schedule F  | 18                                  |
|        | not attach, any<br>payment. Also. | 19 Unemployment compensation   | 19                                  |
|        | please use                        | 20 a Social security benefits  | 20b                                 |
|        | Form 1040-V.                      | 21 Other income  | 21 33 136                           |
|        |                                   | 22 Add the amounts in the far right column for lines 7 through 21. This is your total income   | 22 33,135.                          |
|        | Adjusted                          | 23 Archer MSA deduction. Attach Form 8853  | l l                                 |
|        | Gross                             | government officials, Attach Form 2106 or 2106-EZ  |                                     |
|        | Income                            | 25 Health savings account deduction, Attach Form 8889 25   |                                     |
|        |                                   | 26 Moving expenses. Attach Form 3903   |                                     |
|        |                                   | 27 One-half of self-employment tax. Attach Schedule SE 27  |                                     |
|        |                                   | 28 Self-employed SEP, SIMPLE, and qualified plans 28   |                                     |
|        |                                   | 29 Self-employed health insurance deduction (see instructions)   |                                     |
|        |                                   | 30 Penalty on early withdrawal of savings  |                                     |
|        |                                   | 31 a Alimony paid b Recipient's SSN  |                                     |
|        |                                   | 32 IRA deduction (see instructions)  |                                     |
|        |                                   | 33 Student loan interest deduction (see instructions)  |                                     |
|        |                                   | 34 Jury duty pay you gave to your employer   | }                                   |
|        |                                   | 25 Domestic projection actuation actuation adversary Attack Corm 0000  |                                     |
|        |                                   | 35 Domestic production activities deduction, Attach Form 8903  | 36 544.                             |

| Tax and                              | 38 Amount from line 37 (adjusted gross income).  | 38                                 | 32,591.         |
|--------------------------------------|--|------------------------------------|-----------------|
| OCceditis 061                        | 7-1391-Great Five Vol Vere poin before January 2, 1947-110 Find. The Blind. checked 39:  | Page 45 c                          | भ ८३            |
| Deduction                            | 6 If your spouse itemizes on a separate return, or you were a dual-status alien, see instrs and ck here ➤ 391  |                                    |                 |
| for -                                | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)  |                                    | 7,550.          |
| People who checked any box           | The second secon |                                    | 25,041.         |
| on line 39a or                       | 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see   |                                    |                 |
| 39b or who can<br>be claimed as a    | instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d   | 42                                 | 6, <u>60</u> 0. |
| dependent, see                       | 43 Taxable income. Subtract line 42 from line 41. It line 42 is more than line 41, enter -0-   | 43                                 | 18,441.         |
| instructions.                        | If line 42 is more than line 41, enter -0-  44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972  |                                    |                 |
| All others:                          | 45 Alternative minimum tax (see instructions). Attach Form 6251.   |                                    | 2,226.          |
|                                      |  |                                    | 0.              |
| Single or Marrier filing separately, | # 1  | 46                                 | 2,226.          |
| \$5,150                              | To beign tax create Attach of the 11 to a required   |                                    |                 |
| Married filing                       | 48 Credit for child and dependent care expenses. Attach Form 2441 48   |                                    |                 |
| jointly or                           | 49 Credit for the elderly or the disabled. Attach Schedule R 49  |                                    |                 |
| Qualifying                           | 50 Education credits. Attach Form 8863   |                                    |                 |
| widow(er),<br>\$10,300               |  | 46.                                |                 |
|                                      | 52 Residential energy credits. Attach Form 5695  |                                    |                 |
| Head of household,                   | 53 Child tax credit (see instructions). Attach Form 8901 if required   |                                    |                 |
| \$7.550                              | 54 Credits from: a Form 8396 b Form 8839 c Form 8859. 54   |                                    |                 |
|                                      | 55 Other credits. Check applicable box(es): a Form 3800  | 1 1                                |                 |
|                                      | b Form c Form 55   |                                    |                 |
|                                      | 56 Add lines 47 through 55. These are your total credits   |                                    | 46.             |
| ·                                    | 57 Subtract line 56 from line 46, If line 56 is more than line 46, enter -0  |                                    | 2,180           |
|                                      | 58 Self-employment tax. Attach Schedule SE   | 58                                 |                 |
| Other                                | 59 Social security and Medicare tax on tip income not reported to employer. Attach Form 4137   | 59                                 |                 |
| Taxes                                | 60 Additional tax on IRAs, other qualified retirement plans, etc. Attacht Form 5329 if required  |                                    |                 |
|                                      | 61 Advance earned income credit payments from Form(s) W-2, box 9   | 61                                 |                 |
|                                      | 62 Household employment taxes. Attach Schedule H   | 62                                 |                 |
|                                      | 63 Add lines 57-62. This is your total tax.  | 63                                 | 2,180.          |
| Payments                             | 64 Federal income tax withheld from Forms W-2 and 1099 64  |                                    |                 |
| If you have a                        | 65 2006 estimated tax payments and amount applied from 2005 return   | <del>30.</del>                     |                 |
| qualifying                           | 66a Earned income credit (EIC)   |                                    |                 |
| child, attach<br>Schedule EIC.       | b Nontaxable combat pay election   | 1 1                                |                 |
|                                      | 67 Excess social security and her I RRTA tax withheld (see instructions) 67 68 Additional child tax credit. Attach Form 8812   |                                    |                 |
|                                      |  |                                    |                 |
|                                      |  |                                    |                 |
|                                      |  | 10.                                |                 |
|                                      | 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments.  |                                    |                 |
|                                      |  |                                    | 2,040.          |
| Refund                               | 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid   | 73                                 |                 |
| Direct deposit?                      | 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here   |                                    |                 |
| See instructions and fill in 74b,    | ► b Routing number   | 19s                                |                 |
| 74c, and 74d or                      | d Account number   | 1 1                                |                 |
| Form 8888.                           | 75 Amount of line 73 you want applied to your 2007 estimated tax   | i                                  |                 |
| Amount                               | 76 Amount you owe. Subtract line 72 from line 65. For details on how to pay, see instructions  | 76                                 | 140.            |
| You Owe                              | 77 Estimated tax penalty (see instructions)  |                                    |                 |
| Third Party                          | Do you want to allow another person to discuss this return with the IRS (see instructions)?  | Complete the fo                    | llowing. No     |
| Designee                             | Designee's Preparer no.  | Personal identific<br>number (PIN) | cation          |
| Sign                                 | Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of white  | the best of my knowl               | edice and       |
| Here                                 |  | ch preparer has any l              | urowiedge.      |
| Joint return?                        | Your signature Date Your occupation  | Daytime pho                        | me number       |
| See instructions.                    | SALESMAN   |                                    |                 |
| Кеер а сору                          | Spouse's signature. If a joint return, both must sign.  Date Spouse's occupation   |                                    |                 |
| for your records.                    |  | i                                  |                 |
|                                      | P'eparet's Dale  | Preparer's 5                       | SN or PTIN      |
| Paid                                 | signature ALEXANDER WALTON 4/03/07 Check if self-employed  |                                    |                 |
| Preparer's                           | Firm's name  |                                    |                 |
| Use Only                             | (cr yours il sell-employed)  |                                    |                 |
| -                                    | address, and   | ne no / ~ ^ ·                      |                 |
|                                      | Pho  | 10.10.                             |                 |

|       |        |  |  | () () () () () () () () () () () () () (      | e dignarantia sos artienese e A A  |               |             | equence No. UJ                          |
|-------|--------|--|--|---|--|---------------|-------------|---|
|       | Case M | 07-CV-00617-MHT-T  | FM Docur   | nent 114-3                                    | Filed 05/07/2008   | Pag           | je 46       | of 83                                   |
|       | A      | A Principal business or profession, including product or service (see instructions)  B Ent |  |   |  |               |             | instructions                            |
|       |        | BREAD SALESMAN   |  |   |  | ► 722         | 2300        |   |
|       | C      | Business name, if no separate business   | name, leave blank.                                 |   |  | D Empl        | oyer ID nun | aber (EIN), if any                      |
|       |        | FLOWERS BAKING BREA  | D ROUTE  |   |  |               |             |   |
|       | Ε      | Business address (including suite or roon<br>City, town or past office, state, and ZIP of  | n no.) >   |   |  |               |             |   |
|       | F      | Accounting method: (1)   | ( Cash (2)   | Accrual (3)                                   | Other (specify)  |               |             |   |
|       | G      | Did you 'materially participate'   |  |   |  | s for limit o | n losses    | X Yes                                   |
|       | н      | If you started or acquired this b  |  |   |  |               |             |   |
|       | Par    | t l Income   |  |   |  |               |             |   |
|       | 1      | Gross receipts or sales. Cautio 'Statutory employee' box on the                            | n. If this income wa<br>at form was checke         | as reported to you<br>d, see the instruct     | on Form W-2 and the ions and check here                                  | <b>-</b> X    | 1           | 67,7                                    |
|       | 2      | Returns and allowances   |  |   |  |               | 2           |   |
|       | 3      | Subtract line 2 from line 1  |  |   |  |               | 3           | 67,7                                    |
|       | 4      | Cost of goods sold (from line 4  | 2 on page 2)                                       |   |  | [             | 4           |   |
|       |        | - ' '  |  |   |  |               |             |   |
|       | 5      | Gross profit. Subtract line 4 fro  | om line 3  | •       |  |               | 5           | 67,7                                    |
|       |        | Other income, including federa   |  |   |  |               | 6           |   |
|       |        | ,  |  |   |  |               |             |   |
|       | 7      | Gross income. Add lines 5 and  | 16   |   |  | ►             | 7           | 67,7                                    |
|       | Par    |  |  |   |  | <u></u>       |             | *************************************** |
|       |        | Advertising  |  |   | Office expense   |               | 18          | 1                                       |
|       |        | _  |  |   | Pension and profit-sharing plan  | Г             | 19          |   |
| y 1 - | 9      | Car and truck expenses (see instructions)  | . 9  | 1   | Rent or lease (see instructions)   |               | :           |   |
| ( )   | 10     | Commissions and fees   | 10   |   | /ehicles, machinery, and equip   |               | 20 a        | 6,6                                     |
|       |        |  | ` <del>                                     </del> |   | Other business property  | - 1           | 20b         | 1,2                                     |
|       | 71     | Contract labor (see instructions)  | . 11   | 1   | Repairs and maintenance  | ſ             | 27          |   |
|       | 12     | Depletion  |  |   | Supplies (not included in Part I   | ľ             | 22          | 3,0                                     |
|       | 13     | Depreciation and section   | ·   ·  | <del></del>                                   | Taxes and licenses   | ,             | 23          |   |
|       |        | 179 expense deduction  |  | •   | fravel, meals, and entertainme   |               |             |   |
|       |        | (not included in Part III)<br>(see instructions),  | . 13   | ,   | ravel  | i             | 24a         |   |
|       |        | •  |  |   | i dvei   | •••••         | 270         |   |
|       | 14     | Employee benefit programs (other than on line 19)  | .   14   | <b>L</b> .                                    | Deductible meals and entertain   | mant          | 24b         |   |
|       | 12     | insurance (other than health).   | 15   |   | Unities  | F             | 25          |   |
|       |        | Interest:  | 13   |   | Vages (less employment credit  |               | 26          |   |
|       | _      | Mortgage (paid to banks, etc)  | . 16a  |   | vages (less employment credit<br>liher expenses (from line 48 on page 2) | - r           | 27          | 5,0                                     |
|       |        | Other  | 16b  | 4,523.  | ты случнось (понняю ча он раўе Z)  |               | ~/  -       |   |
|       |        | Legal & professional services  |  | 4,323.  |  |               |             |   |
|       | -      | Total expenses before expense  |  | of home. Add line                             | s 8 through 27 in columns  |               | 28          | 40.8                                    |
|       |        | · · · · · · · · · · · · · · · · · · ·  |  | a   |  |               |             |   |
|       | 29     | Tentative profit (loss). Subtract  | line 28 from line 7                                |   |  |               | 29          | 26,9                                    |
|       |        | Expenses for business use of y   |  |   |  |               | 30          |   |
|       |        | Net profit or (loss). Subtract lin   |  |   |  |               |             | -                                       |
|       |        | • If a profit, enter on both Form  |  | Schedule SE, line                             | e 2 or on Form   |               |             | •                                       |
|       |        | 1040NR, line 13 (statulory emp   |  |   |  | }             | 21          | 26 0                                    |
|       |        | Form 1041, line 3.   | 22   |   | } · · · · · · · · · · · · · · · · · · ·                                  | • • • [       | 31          | 26, 9                                   |
|       |        | • If a loss, you must go to line   |  |   | Line matter as described in the control of                               |               |             |   |
|       | 32     | If you have a loss, check the bo   | ox that describes yo                               | our investment in t                           | nis activity (see instructions).   |               |             |   |
|       |        | • If you checked 32a, enter the 1040NR, line 13 (statutory empl                            | loss on both <b>Form</b><br>loyees, see instruct   | 1 <b>040, line 12,</b> and ions). Estates and | d Schedule SE, line 2, or on Fo<br>trusts, enter on Form 1941, lin       | rm<br>ne 3.   | 32 a 🗍      | All investment at risk.                 |
|       |        |  |  |   |  |               |             | Como invoctor                           |
|       |        |  |  |   |  | Į.            |             | Some investme                           |

| Part III         | LOST OF GOODS SOID (see instructions)  |   |                      |             |
|------------------|--|---|----------------------|-------------|
| 34 Wa            | thod(s) used to value closing inventory: a Cost 14 3 Lower-efficost or market 25 Other stract 00 7-MHT-TEN DOCUMENT 14 3 Lower-efficost or market 25 Other stract 25 Other str | ,                                       | 34083<br>□ Yes       | No          |
| 35 Inv           | entory at beginning of year. If different from last year's closing inventory, ich explanation.   |   | 1-2-2                |             |
| 36 Pur           | chases less cost of items withdrawn for personal use   | 36                                      |                      |             |
| <b>37</b> Cos    | st of labor. Do not include any amounts paid to yourself   | 37                                      |                      |             |
| 38 Mai           | erials and supplies.   | 38                                      |                      |             |
| <b>39</b> Oth    | er costs   | 39                                      |                      |             |
| <b>40</b> Add    | lines 35 through 39  | 40                                      |                      |             |
| 41 inve          | entory at end of year  | 41                                      | <del></del>          |             |
| 42 Cos           | t of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  |   |                      |             |
| Part IV          | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file  | s on line<br>e Form 4                   | e 9 and are<br>1562, | not         |
| a Bus            | the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicles b Commuting (see instructions) cOther out (or your spouse) have another vehicle available for personal use?   |   |                      | <br>∏No     |
| 46 Was           | your vehicle available for personal use during off-duty hours?   |   | . Yes                | No          |
| <b>47 a</b> Do y | rou have evidence to support your deduction?   | • | Tes                  | No          |
| blif'Y<br>Part V | es,' is the evidence written?  |   | Yes                  | No          |
|                  |  | .                                       |                      |             |
| ACCOUN           | ting   |   |                      | 898.        |
| Amorti           | zation   |   | 2                    | ,985.       |
| Miscel           | laneous  |   |                      | 46.         |
| Teleph           | one  |   |                      | 936.        |
| Unifor           | ms   |   |                      | 169.        |
|                  |  |   |                      |             |
|                  |  |   |                      | ****        |
|                  |  |   |                      | <del></del> |
| <del></del>      |  | _                                       |                      |             |
|                  | other expenses. Enter here and on page 1. :ne 27.  | 48                                      |                      | ,034.       |

Department of the Treasury Internal Revenue Service Attachment Sequence No. 12 (99) ▶ Use Schedule D-1 to list additional transactions for lines 1 and 8. Case N3:: (937 showly and fine 1447 - MHT-TFM Document 114-3 Filed 05/07/2008 MICHAEL 5 SMITH Short-Term Capital Gains and Losses — Assets Held One Year or Less Part I (a) Description of property (Example: 100 shares XYZ Co) (b) Dale acquired (Mo. day, yr) (C) Date sold (Mo. day. yr) (d) Sales price (see instructions) (e) Cost or other basis (f) Gain or (loss) Subtract (e) from (d) (see instructions) 1 2 Enter your short-term totals, if any, from Schedule D-1, line 2... 2 3 Total short-term sales price amounts. Add lines 1 and 2 in 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824.... 4 5 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1... 6 7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Data acquired (c) Data cold (d) Salar prima (a) Oceannian of

| (a) Description of property (Example: 100 shares XYZ Co) |  | property (Example: (Mo, day, yr) (Mo, day, yr) (see instructions) (see instructions) |            | (B) Cost or other<br>(see instruction |                       |                |     |  |
|--|--|--|------------|---------------------------------------|-----------------------|----------------|-----|--|
| 8  | .663 Shs Walmart   | Various  | 3/1        | 3/06                                  | 30.                   |                | 33. | -3.  |
|  |  |  |            |                                       |                       |                |     |  |
|  |  |  |            |                                       |                       |                |     |  |
|  |  |  |            |                                       |                       |                |     |  |
| 9  | Enter your long-term totals, it any, for                           | rom Schedule D-1, I  | me 9       | 9                                     |                       |                |     |  |
| 70   | Total long-term sales price amounts column (d).                    |  |            | 10                                    | 30.                   |                |     | · · · · · · · · · · · · · · · · · · ·  |
| 17   | Gain from Form 4797, Part I; long-te<br>Forms 4684, 6781, and 8824 | rm gain from Forms   | 2439 an    | d 6252                                | ; and long-term gain  | or (loss) from | 11  |  |
| 12   | Net long-term gain or (loss) from pa                               | rtnerships, S corpor   | ations, e  | states,                               | and trusts from Scho  | edule(s) K-1   | 12  |  |
| 13   | Capital gain distributions. See instrs                             |  |            |                                       |                       |                | 13  | William Control of the Control of th |
| 14   | Long-term capital loss carryover. En Worksheet in the instructions | ter the amount, if a   | ny, from I | ine 15                                | of your Capital Loss  | Carryover      | 14  |  |
| 15   | Net long-term capital gain or (loss).                              | Combine lines 8 thr  | ough 14 i  | n colur                               | nn (f). Then go to Pa | art III on     | 15  | -3.  |

FD1A0612/ 11/08/06

| Case | 360 | Combine Mes 177 and 15 Indiented the result of Med 61 ts 1 lost - Skip lines in through 207 and go 8 line 219.   | je 4<br>16 | 9 of 83 | -3. |
|------|-----|--|------------|---------|-----|
|      | 17  | Are lines 15 and 16 both gains?  |            |         |     |
|      |     | Yes. Go to line 18.  |            |         |     |
|      |     | No. Skip lines 18 through 21, and go to line 22.   |            |         |     |
|      | 18  | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions   | 18         |         |     |
|      | 19  | Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions   | 19         |         |     |
|      | 20  | Are lines 18 and 19 both zero or blank?  |            |         |     |
|      |     | Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. |            | -       |     |
|      |     | No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.   |            |         |     |
|      | 21  | If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:   |            |         |     |
|      |     | <ul> <li>The loss on line 16 or</li> <li>(\$3,000), or if married filing separately, (\$1,500)</li> </ul>  | 21         |         | -3. |
|      |     | Note. When figuring which amount is smaller, treat both amounts as positive numbers.   |            |         |     |
|      | 22  | Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?   |            |         |     |
|      |     | Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040 (or in the Instructions for Form 1040NR).  |            |         |     |
|      |     | No. Complete the rest of Form 1040 or Form 1040NR.   |            |         |     |
| -    |     |  |            |         |     |

Schedule **D** (Form 1040) 2006

# Form **4797** Case 3:07-cv-00617-MHT-TFM

Sales of Business Property

Dialso Impediantary Cathersions and Reconstructions (179 and 280F(1)(2))

Mattach to your tax return.

See separate instructions.

Page 50 of **2006** 

UMES 190 1040-0104

Attachment Sequence No. 27

| Depar    | tment of the Treasury<br>at Revenue Service (99)   | ► Attach to your   | tax return. 🛸   |  | structions.   |                                    | Altachm<br>Sequenc                    | ent<br>te No. 27   |
|----------|--|--|---|--|---|------------------------------------|---------------------------------------|--|
| -        | (s) shown on return  |  |   |  | [1  | dentifying nur                     |                                       |  |
| MIC      | CHAEL S SMITH  |  |   |  |   | Contract of                        |                                       |  |
| -        | Enter the gross proceeds from sale (or substitute statement) that you  | es or exchanges re   | ported to you for   | 2006 on Form(  | s) 1099-B or 1099   | .S 1                               |                                       |  |
| Par      |  | Property Used  | in a Trade o  | r Business a   | nd Involuntar   | Conve                              | rsions F                              | rom Other  |
|          | Than Casualty or The   | t - Most Prope   | erty Held Mor   | e Than 1 Yea   | ır (see instruct  | ions)                              |                                       |  |
| 2        |  |  |   |  | (e) Depreciation  | (f) Cost o                         |                                       | (m) min d  |
|          | (a) Description of property  | (b) Cate acquired (month, day, year)   | (C) Date sold<br>(month, day, year)   | (d) Gross<br>sales price   | allowed or<br>allowable since                                   | mproveme<br>expense                | nts and IS                            | (g) Gain or (loss)<br>ubtract (f) from the<br>sum of (d) and (e) |
|          | · ·  |  |   |  | acquisition   | CADELISE (                         | UI 3816 :                             | som or (b) and (e)   |
|          |  |  | ~   |  |   |                                    |                                       | ·  |
|          |  |  |   |  | <u> </u>  | <u> </u>                           |                                       |  |
|          |  |  |   |  |   |                                    |                                       |  |
|          |  |  | <u> </u>  |  | <u> </u>  | <u> </u>                           | <del></del>                           |  |
| 3        | Gain, if any, from Form 4684, line   |  |   |  |   |                                    | 3                                     |  |
| 4        | Section 1231 gain from installment   |  |   |  |   | ••••                               | . 5                                   |  |
| 5        | Section 1231 gain or (loss) from life  | -  |   |  | •••••   |                                    |                                       |  |
| 6<br>7   | Gain, if any, from line 32, from oth   |  |   |  |   |                                    | 7                                     |  |
| ,        | Combine lines 2 through 6. Enter t<br>Partnerships (except electing larg<br>instructions for Form 1065, Schedu<br>12 below.                      | e partnerships) and<br>tile K, line 10, or Fo  | d S corporations<br>orm 1120S, Sche   | s. Report the gai<br>edule K, line 9. S                            | n or (loss) followi<br>Skip lines 8, 9, 11,                     | ng the<br>and                      | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |  |
|          | Individuals, partners, S corporation ine 7 on line 11 below and skip line losses, or they were recaptured in Schedule D filed with your return a | n shareholders, ar<br>es 8 and 9. If line i<br>an earlier year, ent<br>nd skip lines 8. 9, | nd all others. If I<br>7 is a gain and y<br>ler the gain from<br>11, and 12 below | ine 7 is zero or a<br>rou did not have<br>a line 7 as a long<br>v. | a loss, enter the a<br>any prior year se<br>g-term capital gair | mount from<br>ction 1231<br>an the | m                                     |  |
| 8        | Nonrecaptured net section 1231 los   | sses from prior yea  | rs (see instructio  | ons)   |   |                                    | . 8                                   |  |
| 9        | Subtract line 8 from line 7, If zero line 9 is more than zero, enter the long-term capital gain on the Sche                                      |  |   | enter the gain from and enter the instructions)                    | om line 7 on line<br>gain from line 9 a                         | 12 below. I<br>is a                | 9                                     |  |
| Par      |  |  |   |  |   |                                    |                                       |  |
| 10       | Ordinary gains and losses not inclu  | ided on lines 11 thi   | rough 16 (includ  | e property held  | 1 year or less):  | T                                  |                                       |  |
|          |  |  | -   |  | <del> </del>  |                                    |                                       |  |
|          | · · · · · · · · · · · · · · · · · · ·  |  |   |  |   | <del> </del>                       |                                       |  |
|          |  |  |   | ·····  | <u> </u>  |                                    |                                       | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                           |
| ~ ~      | tone done tone the 7   | L  | L   |  |   | L                                  | 1 22 -                                |  |
|          | Loss, if any, from line 7  |  |   |  |   |                                    | 11 12                                 |  |
| 12       | Gain, if any, from line 7 or amount  |  |   |  |   |                                    |                                       | 6,043.   |
| 13       | Gain, if any, from line 31  Net gain or (loss) from Form 4684,   |  |   |  |   |                                    | 13                                    | 0,043.   |
| 14<br>15 | Ordinary gain from installment sale  |  |   |  |   |                                    |                                       |  |
| 16       | Ordinary gain from fissaliment sale Ordinary gain or (loss) from like-kii  |  |   |  |   |                                    | . 16                                  |  |
| 17       | Combine lines 10 through 16  | -  |   |  |   |                                    | . 17                                  | 6,043.   |
|          | For all except individual returns, er a and b below. For individual returns  | iter the amount from   | m line 17 on the  |  |   |                                    |                                       | י ניבעיט.  |
| a        | If the loss on line 11 includes a los<br>the part of the loss from income-pr<br>from property used as an employer                                |  |   | (b)(ii), enter that<br>form 1040), line                            | at part of the loss<br>27, and the part of                      | here. Ente                         | r                                     |  |
|          | from property used as an employed See instructions   | on Schedule A (F   | orm 1040), line   | 22. Identify as fr   | rom 'Form 4797, I   | ne 18a.'                           | 18a                                   |  |
|          |  |  |   |  |   |                                    |                                       |  |
| la<br>   | Redetermine the gain or (loss) on tale 14.   |  |   |  |   | m 1940,                            | . твь                                 | 6,043.   |

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2006)

| В   |             |                               |                  |        |                  |                | 0f(0003)<br>12/02/                      |
|---|-------------|-------------------------------|------------------|--------|------------------|----------------|---|
| С   |             |                               |                  |        |                  |                |   |
| D   |             |                               |                  |        |                  |                |   |
| These columns relate to the properties on lin<br>19A through 19D  | es 🛌        | Property A                    | Property B       |        | Property 0       |                | Proper                                  |
| 20 Gross sales price (Note: See line 1  | 20          | 46,560.                       |                  |        |                  |                |   |
| before completing.)   | 21          | 51,368.                       |                  | -+     |                  |                |   |
| 22 Depreciation (or depletion) allowed or allowable.  | 22          | 10,851.                       |                  |        |                  |                |   |
| 23 Adjusted basis. Subtract line 22 from line 21  | 23          | 40,517.                       |                  |        |                  |                | *************************************** |
| 24 Total gain. Subtract line 23 from line 20  | 24          | 6,043.                        |                  |        |                  |                |   |
| 25 if section 1245 property:<br>a Depreciation allowed or allowable from line 22  | 25 a        | 10,851.                       |                  |        |                  |                |   |
| b Enter the smaller of line 24 or 25a   | 25b         | 6,043.                        |                  |        |                  |                |   |
| 26 If section 1250 property: If straight line depreciation was used, enter -0-on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975 (see instrs)                                 | 26a         |                               |                  |        |                  |                |   |
| b Applicable percentage multiplied by the smaller   |             |                               |                  |        |                  |                |   |
| of line 24 or line 26a (see instructions)   | 26b         |                               |                  |        |                  |                | *************************************** |
| lines 26d and 26e   | 26c         |                               |                  |        |                  | L              |   |
| d Additional depreciation after 1969 & before 1976.   | 26d         |                               |                  |        |                  |                |   |
| e Enter the smaller of line 26c or 26d .  | 26e         |                               |                  |        |                  |                |   |
| f Section 291 amount (corporations only)  | 261         |                               |                  |        |                  |                |   |
| g Add lines 26b. 26e, and 26f   | 26 g        |                               |                  |        |                  |                |   |
| 27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).  a Soil, water, and land clearing expenses | 27a         |                               |                  |        |                  |                |   |
| b Line 27a multiplied by applicable percentage (see instructions)   | 27b         |                               |                  |        |                  |                |   |
| c Enter the smaller of line 24 or 27b   | 27 c        |                               |                  | Ī      |                  |                |   |
| 28 If section 1254 property:  |             |                               |                  | •      |                  |                |   |
| a intangible drilling and development costs,<br>expenditures for development of mines and other<br>natural deposits, and mining exploration costs<br>(see instructions).  | 28a         |                               |                  |        |                  |                |   |
| b Enter the smaller of line 24 or 28a   | 28b         |                               |                  |        |                  |                |   |
| 29 If section 1255 property:  |             |                               |                  |        |                  |                |   |
| a Applicable percentage of payments<br>excluded from income under<br>section 126 (see instructions)   | 29a         |                               |                  |        |                  |                |   |
| b Enter the smaller of line 24 or 23a (see instrs).   | 29b         | 1                             |                  |        |                  |                |   |
| Summary of Part III Gains. Complete p   | roperty     | columns A through D           | through line 295 | before | going to line 30 | ).             |   |
| 30 Total gains for all properties. Add proper   |             |                               |                  |        |                  | 30             |   |
| 31 Add property columns A through D, lines 25b, 26g, 2  | 27c, 28b, a | and 29b. Enter here and on I  | ne 13            |        |                  | 31             |   |
| 32 Subtract line 31 from line 30. Enter the portion from  |             |                               | 6. Enter the     |        |                  | 20             |   |
| Part IV Recapture Amounts Under (see instructions)  |             |                               | (b)(2) When E    | Busin  | ess Use Dro      | 32<br>os to 50 | % or Le                                 |
| <u></u>   |             |                               |                  |        | (a) Section 1    | 79             | (b) Ser<br>280F(l                       |
| 33 Section 179 expense deduction or depre   | ciation     | allowable in prior year       | s                | 33     |                  |                |   |
| 34 Recomputed depreciation (see instruction   | ns)         |                               |                  | 34     |                  |                |   |
| 35 Recapture amount, Subtract line 34 from line 33. Se  |             | ructions for where to report. | 4                | 35     |                  |                |   |

(b) Date acquired (c) Date sold

# Form **4562**Case 3:07-cv-0064

# **Depreciation and Amortization**

| 7-CV-00617-MHT-T   | FM Doct                               | chhiqiba phlotmatio                                  | n 44 leisted <i>5</i> /               | <b>197720</b> 08 | Pag             | e 52                                   | Of 4300                                 |
|--|---------------------------------------|--|---------------------------------------|------------------|-----------------|--|---|
| Internal Revenue Service                                     | ► See s                               | eparate instructions.                                | Attach to ye                          | our tax return.  |                 |  | Sequence No. 6/                         |
| Name(s) shown on return                                      |                                       |  |                                       |                  |                 | identif                                | ying number                             |
| MICHAEL S SMITH  Business or activity to which this form rel |                                       |  |                                       |                  |                 | ــــــــــــــــــــــــــــــــــــــ |   |
| Schedule C - FLOWER  |                                       | בייים פחוייב   |                                       |                  |                 |  |   |
|  |                                       | Property Under Se                                    | -dia- 170                             |                  | <del></del>     |  |   |
|  | perise Certain<br>any listed property | . complete Part V befor                              | re vou complete l                     | Part i.          |                 |  |   |
| 1 Maximum amount. See th                                     |                                       |  |                                       |                  |                 | 1                                      | \$108,000.                              |
| 2 Total cost of section 179                                  |                                       |  |                                       |                  |                 | 2                                      |   |
| 3 Threshold cost of section                                  |                                       |  |                                       |                  |                 | 3                                      | \$430,000.                              |
| 4 Reduction in limitation, S                                 |                                       |  |                                       |                  |                 | 4                                      |   |
| 5 Dollar limitation for tax ye                               | ear. Subtract line 4                  | from line 1. If zero or                              | less, enter -0 If                     | married filing   |                 | 5                                      |   |
| separately, see instruction                                  | Description of property               |  | (b) Cost (busines                     |                  | (C) Elected cas |  |   |
|  | y Description or property             |  | (D) Cost (ousines:                    | use only)        | (C) Elected cas | -                                      |   |
|  |                                       |  |                                       |                  |                 |  |   |
| 7 Listed property. Enter the                                 | amount from line                      | 29   |                                       | 7                |                 |  |   |
| 8 Total elected cost of secti                                |                                       |  |                                       |                  |                 | 8                                      |   |
| 9 Tentative deduction. Ente                                  |                                       |  |                                       |                  |                 | 9                                      |   |
| 10 Carryover of disallowed d                                 |                                       |  |                                       |                  |                 | 10                                     | <del></del>                             |
| 11 Business income limitatio                                 |                                       | •  |                                       |                  |                 | 11                                     | *************************************** |
| 12 Section 179 expense ded                                   |                                       |  |                                       |                  |                 | 12                                     |   |
| 13 Carryover of disallowed d                                 |                                       |  |                                       |                  |                 |  |   |
| Note: Do not use Part II or Par                              |                                       |  |                                       |                  |                 |  |   |
| Part II   Special Deprec                                     | iation Allowan                        | ce and Other Depr                                    | eciation (Do no                       | ot include liste | d property.)    | (See in                                | structions.)                            |
| 14 Special allowance for qua<br>property) placed in service  | lified New York Lit                   | perty or Gulf Opportunit                             | ly Zone property                      | (other than lis  | ted             | 14                                     |   |
| 15 Property subject to sectio                                |                                       |  |                                       |                  |                 | 15                                     |   |
| 16 Other depreciation (include                               | ling ACRS)                            |  |                                       |                  |                 | 16                                     |   |
| Part III MACRS Depre   | ciation (Do not a                     | nclude listed property.)                             | (See instructions                     | )                |                 |  |   |
|  |                                       | Section  |                                       | <i>.</i>         |                 |  |   |
| 17 MACRS deductions for as                                   | sets placed in sen                    | rice in tax years beginn                             | ing before 2006.                      |                  |                 | 17                                     |   |
| 18 If you are electing to grou                               | p any assets place                    | ed in service during the                             | tax year into one                     | or more gene     | eral _ 📑        |  |   |
|  | <u> </u>                              | in Service During 2006                               | · · · · · · · · · · · · · · · · · · · | <u> </u>         |                 | System                                 |   |
| (a)  | (b) Month and                         | (C) Basis for depreciation                           | (d)                                   | (e)              | (f)             | Jysteili                               | (g) Depreciation                        |
| Classification of property                                   | year placed<br>in service             | (business/investment use<br>only — see instructions) | Recovery period                       | Convention       | Method          |  | deduction                               |
| 19a 3-year property  | _                                     |  |                                       |                  |                 |  |   |
| b 5-year property  | _                                     |  |                                       |                  |                 |  |   |
| c 7-year property  |                                       |  |                                       |                  |                 |  |   |
| d 10-year property   | 4                                     |  |                                       |                  |                 |  |   |
| e 15-year property   | 4.                                    |  |                                       |                  |                 |  |   |
| 1 20-year property   | -                                     |  |                                       |                  | ~               |  |   |
| g 25-year property   | <del></del>                           |  | 25 yrs                                |                  | S/L             | _                                      |   |
| h Residential rental property                                |                                       |  | 27.5 yrs                              | MM               | S/L             |  | ~                                       |
|  | ļ                                     |  | 27.5 yrs                              | MM               | S/L             |  |   |
| i Nonresidential real property                               |                                       |  | 39 yrs                                | MM               | S/L             |  |   |
|  | Acces Discod in                       | Contine During 2006 T                                | V 11_i 4b.                            | MM               | S/L             |  |   |
| 20 a Class life  | ASSELS Placed in                      | Service During 2006 T                                | ax tear Using th                      | e Alternative L  |                 | System                                 | 1                                       |
| b 12-year  | <del>{</del>                          |  | 12 yrs                                |                  | S/L<br>S/L      |  |   |
| c 40-year  | l                                     |  | 40 yrs                                | MM               | S/L             |  | <del></del>                             |
| Part IV   Summary (see in                                    | structions)                           |  | TO ATS                                | LTA              | 3/11            |  |   |
| 21 Listed property. Enter armo                               |                                       |  |                                       | ·····            | 2               | 7                                      |   |
| 22 Total. Add amounts from line 12,                          |                                       | es 19 and 20 in column (m), a                        | and the 21. Ester here                | and en           |                 | <del>-</del>                           |   |
| line appropriate lines of your retur                         | n. Partnersnips and Sic               | corporations — see instruction                       | ·s                                    |                  | <u> </u> 2      | 2                                      |   |
| 23 For assets shown above at                                 | iu piaceu in servic                   | e uuring the current ye                              | ar, enter                             | ,,,              |                 | ļ                                      |   |

|                       |   | ·  |  | ent use claim                        | 180 <u>/.</u>                                     | <del>,  </del>    | X Yes  | IN   |                           | Yes, is th            | e evidence        | 1               |           | Yes                               | L                        |
|-----------------------|---|--|--|--------------------------------------|---|-------------------|--|--|---------------------------|-----------------------|-------------------|-----------------|-----------|-----------------------------------|--------------------------|
|                       | (a)<br>type of property (list<br>vehicles first)                                | (b)<br>Date placed<br>in service   | (C) Business/ investment use percentage  | Cost                                 | 01  | Basis I<br>(busin | (e)<br>or deprecia<br>essinvestr<br>ise only)        | ilion<br>ieni                                      | (f)<br>Recovery<br>period | M                     | ethod/            | Depr            | reciation | Ei<br>seci                        | (i)<br>ecte<br>on<br>ost |
| 25                    | Special allowar   | nce for qualified<br>year and used r   | New York L   | berty or G                           | Sulf Oppo   | ortunity          | Zone pr  | Tes No 24b If 'Yes,' is the evidence written?  (f) |                           |                       |                   |                 |           |                                   |                          |
| 26                    | Property used   | more than 50%  | Cost or color   Cost or color   Cost or color   Cost or color   Cost or color   Cost or color   Cost or color   Cost or color   Cost or color   Contention   Co |                                      |   |                   |  |  |                           |                       |                   |                 |           |                                   |                          |
| <u>De</u>             | livery Tru  | 1/02/02  | 100.0  |                                      |   |                   |  |  |                           |                       |                   |                 |           |                                   |                          |
|                       |   |  |  |                                      | · · · · · · · · · · · · · · · · · · ·             |                   |  |  |                           |                       |                   |                 |           |                                   |                          |
|                       |   |  |  |                                      |   | <u> </u>          |  |  |                           |                       |                   | <u> </u>        |           |                                   |                          |
|                       |   |  |  | siness use                           | <u>):</u>   | 1                 |  |  |                           | 1                     |                   |                 |           | 7                                 |                          |
| <u>P10</u>            | ckup Truck  | 1/02/02  | 31.92  |                                      |   | ļ                 |  |  |                           | _                     |                   | ļ               |           | -                                 |                          |
|                       |   |  |  |                                      | <del></del>                                       |                   | ·  |  |                           |                       |                   |                 |           | -                                 |                          |
| 20                    | Add amounts is  | Column (b) lin   | ar 26 theres   | h 27 Ente                            |   |                   | 21 .   |  |                           |                       | 20                | ļ               |           | -                                 |                          |
|                       |   | -  | _  |                                      |   |                   |  | -  |                           |                       |                   | L               |           |                                   |                          |
|                       | Aca amounts in  | Coldina (1), tare  | s 20, Liner n  |                                      |   |                   |  |  |                           |                       | · · · · ·         | • • • • • • • • |           |                                   |                          |
| Соп                   | miete this section  | n for vehicles u   | sed by a sole  |                                      |   |                   |  |  |                           | er'ntr                | elated n          | erson II        | Evos pro  | vided v                           | ah i                     |
|                       |   |  |  |                                      |   |                   |  |  |                           |                       |                   |                 |           |                                   | 11                       |
|                       |   |  |  | (;                                   | a)  | (1                | <b>b)</b>  |  | (c)                       | (4                    | d)                | (4              | e)        | (                                 | )                        |
| 30                    | Total business/   | nvestment mile<br>( <b>do not</b> include  |  | Vehi                                 | cle 1   | Vehi              | cle 2  | Vel  | ncle 3                    | Veh                   | cle 4             | Vehi            | cle 5     | Vehr                              | cle                      |
|                       |   | es)  |  | . 60                                 | ),791   |                   | 2,421  |  |                           |                       |                   |                 |           |                                   |                          |
| 37                    | Total commuting mi  | iles driver, during th   | ie year  |                                      |   |                   |  |  |                           |                       |                   |                 |           |                                   |                          |
| 32                    | Total other pers  | sonal (noncomn   | nuling)  |                                      |   |                   | . 162  |  |                           |                       |                   |                 |           |                                   |                          |
| 22                    |   |  |  | <u> </u>                             |   |                   | 7,103  |  |                           |                       |                   |                 |           |                                   |                          |
| 33                    | Total miles driv<br>lines 30 through  | en during the y  |  | . 60                                 | 7,791   |                   | 7,584  |  |                           |                       |                   |                 |           |                                   |                          |
|                       | _   |  |  | Yes                                  | No  | Yes               | No   | Yes  | No                        | Yes                   | No                | Yes             | No        | Yes                               |                          |
| 34                    | Was the vehicle during off-duty   | available for p  | ersonal use  | . х                                  |   | Х                 |  |  |                           |                       |                   |                 |           |                                   |                          |
| 35                    | Was the vehicle than 5% owner   | used primarily<br>or related pers  | by a more  | . х                                  |   | х                 |  |  |                           |                       |                   |                 |           |                                   |                          |
| 36                    | is another vehic  | le available for   |  |                                      |   | х                 |  |  |                           |                       |                   |                 |           |                                   |                          |
|                       |   |  |  |                                      | loyers W  | /ho Pro           | vide Ve  | nicles   | or Use I                  | y Their               | Employ            | /ees            | ·         |                                   |                          |
| Ansv<br>5% (          | wer these question  | ns to determine  | ıf you meet  |                                      |   |                   |  |  |                           |                       |                   |                 | who are   | n <b>at</b> mor                   | e 1                      |
|                       |   |  | ······································   | that prohib                          | oits all pe                                       | ersonal           | use of v   | ehicle   | s, includ                 | ing com               | muting,           |                 | Ţ         | Yes                               |                          |
|                       | by your employe   | es?  |  |                                      |   |                   |  | • • • • •  | ···· · ·                  |                       |                   |                 |           |                                   |                          |
|                       | Do you maintain<br>employees? See   | a written police the instruction   | y statement i<br>is for vehicle  | that prohits used by                 | ots perse<br>corporal                             | onal us           | e of ven   | cles, e<br>tors, c                                 | xcept co<br>r 1% or       | mmulin<br>more ov     | g, by yo<br>vners | ur<br>          |           |                                   |                          |
| 38                    |   |  |  |                                      |   |                   |  |  |                           |                       |                   | · • · · · · • • | [         |                                   |                          |
|                       | Do you treat all  | USC OF VEHICLES  | ,  |                                      |   |                   |  |  |                           |                       |                   |                 |           |                                   |                          |
| 39                    | Do you provide i  | more than five   | vehicles to yo   | our employ                           | yees, ob  | tain info         | ormation   | from   | your em                   | oloyees               | about th          | ie use o        | if the    |                                   |                          |
| 39<br>40              | Do you provide invehicles, and reliable Do you meet the                         | more than five tain the information the information to the information | vehicles to you<br>ition received<br>concerning q  | l?<br>ualified au                    | <br>domobik                                       | e demo            | <br>nstrat:or  | <br>use?   | (See ins                  | truction              | <br>s)            |                 |           |                                   | ···.                     |
| 39<br>40<br>41        | Do you provide a vehicles, and rel Do you meet the <b>Note:</b> If your and     | more than five tain the information the information to the information | vehicles to you<br>ition received<br>concerning q  | l?<br>ualified au                    | <br>domobik                                       | e demo            | <br>nstrat:or  | <br>use?   | (See ins                  | truction              | <br>s)            |                 |           |                                   |                          |
| 39<br>40              | Do you provide a vehicles, and rel Do you meet the <b>Note:</b> If your and     | more than five tain the informate requirements swer to 37, 38, zation  | vehicles to you<br>ition received<br>concerning q  | i?                                   | do not co   | e demo            | nstration<br>Section                                 | <br>use?   | (See ins                  | truction<br>red ven   | s)                |                 |           | (n)                               |                          |
| 39<br>40<br>41        | Do you provide vehicles, and rel Do you meet the Note: If your and              | more than five tain the information the information to the information | vehicles to you<br>ition received<br>concerning q  | is 'Yes,' (                          | itomobile<br>do not co                            | e demo            | nstration<br>Section<br>(c)                          | use?   | (See ins                  | tructions<br>ared ven | s)                | (e)             |           | (f)<br>nortization<br>r this year |                          |
| 39<br>40<br>41<br>Par | Do you provide tychicles, and rel Do you meet the Note: If your and tVI Amortiz | more than five tain the information the information of the series of the | vehicles to yo<br>ition received<br>concerning q<br>39, 40, or 41  | ualified au is 'Yes,' (  Date am bec | itomobik<br>do not co<br>o)<br>ortization<br>gins | e demo            | nstration<br>Section<br>(c)<br>Amortizable<br>amount | use?   | (See ins                  | tructions<br>ared ven | s)                | (e)             |           | nortizatioi                       |                          |
| 39<br>40<br>41<br>Par | Do you provide tychicles, and rel Do you meet the Note: If your and tVI Amortiz | more than five tain the information the information of the series of the | vehicles to yo<br>ition received<br>concerning q<br>39, 40, or 41  | ualified au is 'Yes,' (  Date am bec | itomobik<br>do not co<br>o)<br>ortization<br>gins | e demo            | nstration<br>Section<br>(c)<br>Amortizable<br>amount | use?   | (See ins                  | tructions<br>ared ven | s)                | (e)             |           | nortizatioi                       |                          |
| 39<br>40<br>41<br>Par | Do you provide tychicles, and rel Do you meet the Note: If your and tVI Amortiz | more than five tain the information the information of the series of the | vehicles to yo<br>ition received<br>concerning q<br>39, 40, or 41  | ualified au is 'Yes,' (  Date am bec | itomobik<br>do not co<br>o)<br>ortization<br>gins | e demo            | nstration<br>Section<br>(c)<br>Amortizable<br>amount | use?   | (See ins                  | tructions<br>ared ven | s)                | (e)             |           | nortizatioi                       |                          |

ED1700101 06/20/06

Form ARED (200C)

Internal Revenue Service Sequence No 129

Case X LLZ-CV-006177-MHT-TFM

Document 114-3

Filed 05/07/2008

Your social security number Page 54 of 83

CAUTION: You cannot take this credit if either of the following applies.

- The amount on Form 1040, line 38, Form 1040A, line 22, or Form 1040NR, line 36 is more than \$25,000 (\$37,500 if head of household; \$50,000 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 1989, (b) is claimed as a
  dependent on someone else's 2006 tax return, or (c) was a student (see instructions).

|    | <del></del>  | <del></del>  |   |  |                 |   |      |        |                      |
|----|--|--|---|--|-----------------|---|------|--------|----------------------|
|    | <b>~</b>   |  |   |  | <del></del>     | (a) You                                   | _    | (b) Yo | ur spouse            |
| 7  | raditional and Rot<br>rollover contribution  | n IRA contribution   | s for 2006. <b>Do not</b> ir  | nclude                                   | 1               | 500                                       |      |        |                      |
| 2  | Elective deferrals to<br>employee contribut  | o a 401(k) or other  |   | plan, voluntary<br>ons for 2006          |                 |   |      |        |                      |
| 3  |  |  |   |  |                 | 500                                       | _    |        |                      |
| 4  | extensions) of your<br>include both spous  | 2006 tax return (s   | 103 and <b>before</b> the diee instructions). If rith columns. See instructions               | narried filing jointly,<br>tructions for | 4               | 43  |      |        | ,                    |
| 5  | Subtract line 4 from   | s line 3. If zero or   | less, enter -0  |  | 5               | 457                                       | -    |        |                      |
| 6  | In each column, en   | ter the <b>smaller</b> of  | line 5 or \$2.000   |  | 6               | 457                                       | _    |        |                      |
| 7  | Add the amounts o  | n line 6. If zero, st  | t <b>op;</b> you cannot take  | this credit                              |                 |   | . 7  |        | 457.                 |
| 8  | Enter the amount for   | rom Form 1040 liz  | ne 38°, or Form 1040  | A line 22 or Form                        | 1               |   |      |        |                      |
| _  | 1040NR, line 36  |  |   |  | 8               | 32,591                                    | .]   |        |                      |
| 9  | Enter the applicable   | e decimal amount   | shown below:  |  |                 |   |      |        |                      |
|    | If line  | 8 is-  |   | And your filing st                       | atus is—        |   |      |        |                      |
|    | Over-  | But not  | Married<br>filing jointly   | Head of household                        | separa          | arried filing<br>ately, or<br>a widow(er) |      |        |                      |
|    |  |  | Enter or  | line 9-                                  | Quamying        | ( widow(e)                                |      |        |                      |
|    |  | \$15,000   | .5  | .5                                       |                 | .5  |      |        |                      |
|    | \$15,000   | \$16,250   | .5  | .5                                       |                 | .2  |      | _      |                      |
| •  | \$16,250   | \$22,500   | .5  | .5                                       |                 | .1  | 9    | X      | 0.1                  |
|    | \$22,500   | \$24,375   | .5  | .2                                       |                 | .1  | 1 1  |        |                      |
|    | \$24,375   | \$25,000   | .5  | .1                                       |                 | .1  |      |        |                      |
|    | \$25,000   | \$30,000   | .5  | .1                                       |                 | .0  |      |        |                      |
|    | \$30,000   | \$32,500   | .2  | .1                                       |                 | .0  |      |        |                      |
|    | \$32,500   | \$37,500   | ,1  | .1                                       |                 | .0  |      |        |                      |
|    | \$37,500   | \$50,000   | .1  | .0                                       |                 | .0  |      |        |                      |
|    | \$50,000   | •••  | .0  | .0                                       |                 | .0  |      |        |                      |
|    |  |  | 9 is zero. <b>stop;</b> you   |  |                 |   |      |        |                      |
| 10 | Multiply line 7 by lin   | ne 9   |   |  |                 |   | . 10 |        | 46.                  |
|    | Enter the amount fr  | om Form 1040, lin  | e 46, or Form 1040  | A, line 28. or Form                      | 11              | 2,226                                     |      |        |                      |
| 11 | 1040NR, line 43 .  |  |   |  |                 |   | 1 1  |        |                      |
|    | 1040NR, line 43 .  |  | credits from lines 4  | 7 through 50.                            |                 |   |      |        |                      |
|    | 1040NR, line 43<br>1040 filers: Ente   | er the total of your   |   | - I                                      | 12              |   |      |        |                      |
|    | 1040NR, line 43 .  1040 filers: Ente   | er the total of your<br>er the total of your   | credits from lines 4<br>credits from lines 2  | 9 through 31.                            | 12              |   |      |        |                      |
| 12 | 1040NR, line 43 1040 filers: Ente 1040A filers: Ente   | er the total of your<br>er the total of your<br>er the total of your   | credits from lines 4<br>credits from lines 2!<br>credits from lines 4                         | 9 through 31.<br>4 and 45.               |                 |   | 13   |        | 2,226.               |
| 12 | 1040NR, line 43 1040 filers: Ente 1040A filers: Ente 1040NR filers: Ente Subtract line 12 fro Credit for qualified | er the total of your<br>er the total of your<br>er the total of your<br>m line 11. If zero,<br>retirement saving | credits from lines 4<br>credits from lines 2!<br>credits from lines 4<br>stop; you cannot tal | 9 through 31. 4 and 45. te this credit   | ne 10 or line 1 | 3 here and on                             |      |        | <u>2,226.</u><br>46. |

| Case   90907-cv-00617-MHT-TFM   Document 114-3   Filed 05/07/2008   Page 55 of 83 07:36FM   |
|---|
| Taxpayer - Employer   Wages   Federal   Medi - State   Local   W/H   FICA   Care   W/H   W/H  |
| Taxpayer - Employer   Wages   W/H   FICA   Care   W/H   W/H   |
| Grand Total   |
| Interest Income  FARMERS & MERCHANTS BANK  Total 187.  Total 187.  Form 1040, Line 9a Dividend Income  WALMART, INC. ASOP  Form 1040, Line 9b Qualified Dividends  WALMART, INC. ASOP  3.  Total 3.  Total 3.   |
| Interest Income  FARMERS & MERCHANTS BANK  Total 187.  Total 187.  Form 1040, Line 9a Dividend Income  WALMART, INC. ASOP  Form 1040, Line 9b Qualified Dividends  WALMART, INC. ASOP  3.  Total 3.  Form 1040, Line 9b Qualified Dividends  WALMART, INC. ASOP |
| Form 1040, Line 9a Dividend Income  WALMART, INC. ASOP  Total  3. Total  3. Total  Form 1040, Line 9b Qualified Dividends  WALMART, INC. ASOP  3.   |
| WALMART, INC. ASOP  Total  Total  Total  WALMART, INC. ASOP  3.  Total  WALMART, INC. ASOP  3.  |
| Form 1040, Line 9b Qualified Dividends WALMART, INC. ASOP   |
| WALMART, INC. ASOP  |
| WALMART, INC. ASOP  |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

MICHAEL 9 SMITH

Case

|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |               |                            |
|--|---|--|---------------|----------------------------|
| 3 <del>10707</del> cv-00617-MHT-TF   | M Document 114-3  | Filed 05/07/2008   | Page 56 of 83 | 07:36PM                    |
| IRA Deduction Workshee   | t (Form 1040, Line 32)  |  |               |                            |
|  |   |  | Taxpaye       | er                         |
| YES (for either NO (for both if  | by a retirement plan? if MFJ). Go to line 2. MFJ). Skip lines 2-6. \$5,000 if age 50 or olego to line 8.  | der)   |               | No                         |
| 3. Enter the amount 4. Add amounts on F line 34, and any 5. Subtract line 4 6. Subtract line 5 7. Multiply line 6 50 or over). Ro of \$10. If the less than \$200, more than \$4,000 enter \$4,000 (or 8. Wages, alimony, 9. Self-employed ea of self-employed re self-employed re | old for your filing star from Form 1040, line 2 orm 1040, lines 23 thrown amount entered next to from line 3 (not < 0). From line 2 (not < 0). By 40% (or by 50% if agund up to the next mult result is more than zer enter \$200. If the result is more than zer enter \$000 if age 50 or \$5,000, and nontaxable combat prined income minus the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and the contax adjustment and adjustment and adjustment and all and adjustment and all and adjustment and all and adjustment and all an | 2. ugh 31a, line 36.  e iple o and ult is r older),  ay ne-half he | 67,           | 000.<br>741.<br>0.<br>741. |
| Deductible IRA Contr   | ibutions:   |  |               |                            |
| <ol><li>12. Enter the smalle</li></ol>   | il 16, 2007, for 2006.<br>st of line 7, 10 or 11.<br>you can deduct on  |  |               | 500.<br>500.               |
| Nondeductible IRA Co   | ntributions:  |  |               |                            |
| 10 or line 11.   | from the smaller of lin<br>Enter the part you choos<br>le on Form 8606, line l  | se to  |               | 0.                         |
|  |   |  |               |                            |

| 2006     | Federal Worksheets   |               | Page 3           |
|----------|--|---------------|------------------|
| -cv-00   | 617-MHT-TFM Document 114-3 Filed 05/07/2008 MICHAEL S SMITH  | Page 57 of 83 |                  |
| 4/03/07  |  |               | 07:36PM          |
| Quali    | fied Dividends and Capital Gain Tax Worksheet (Form 1040, Line 44)   |               |                  |
| 1.       | Enter the amount from Form 1040, line 43   |               | 18,441.          |
| 2.<br>3. | Enter the amount from Form 1040, line 9b Are you filing Schedule D? [X] Yes. Enter the smaller of line 15 or 16 of                         | 3.            | 10,441.          |
|          | [X] Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than zero [] No. Enter the amount from Form 1040, line 13 | 0.            |                  |
| 4.       | Add lines 2 and 3  | 3.            |                  |
| 5.       | If you are claiming investment interest expense on Form 4952, enter the amount from line 4g of   | •             |                  |
| 6.       | that form. Otherwise enter zero.<br>Subtract line 5 from line 4. If zero or  | 0.            |                  |
| 7.       | less, enter zero. Subtract line 6 from line 1. If zero or  |               | 3.               |
| 8.       | less, enter zero.<br>Enter the smaller of:   | 1             | L8,438.          |
| •        | - The amount on line 1, or<br>- \$30,650 if single or married filing separately,<br>\$61,300 if married filing jointly or qualifying       |               |                  |
| 9.       | widow(er), \$41,050 if head of household.  Is the amount on line 7 equal to or more  |               | L8,441.          |
|          | than the amount on line 8? [] YES. Skip lines 9 through 11; Go to line 12 and check the  |               |                  |
|          | "No" box [X] NO. Enter the amount from line 7  | j             | L8,43B.          |
|          | Subtract line 9 from line 8  |               | 3.               |
| 12.      | Multiply line 10 by 5% (.05) Are the amounts on lines 6 and 10 the same? [X] YES. Skip lines 12 through 15; go to line 16                  |               | 0.               |
|          | [ ] NO. Enter the smaller of line 1 or line 6  |               |                  |
| 13.      | Enter the amount from line 10. (If line 10 is blank, enter zero.)  |               |                  |
|          | Subtract line 13 from line 12. Multiply line 14 by 15% (.15)   |               |                  |
| 16.      | Figure the tax on the amount on line 7.  |               |                  |
| 17.      | (Use the Tax Table or Tax Computation Worksheet) Add lines 11, 15, and 16  |               | 2,226.<br>2,226. |
| 18.      | Figure the tax on the amount on line 1. (Use the Tax Table or Tax Computation Worksheet)   |               | 2,226.           |
| 19.      | Tax on all taxable income (including capital gain distributions). Enter the  |               | .,               |
|          | smaller of line 17 or line 18 here and on  |               |                  |
|          | Form 1040, line 44   |               | 2,226.           |

Case 3:07-

| M | CHA | IFI. | S | SMI | Т |
|---|-----|------|---|-----|---|
|   |     |      |   |     |   |

|     | INCLINET 3 21111   | П        |           |                            |   |
|-----|--|----------|-----------|----------------------------|---|
| ase | 3/03/07cv-00617-MHT-TFM Document 114-3 Fi  | led 05/0 | 7/2008    | Pag                        | e 58 of 83 บ/เอยาพ์                     |
|     | Vehicle Expenses - Schedule C<br>BREAD SALESMAN  |          |           |                            |   |
|     |  |          | Pickup Tr | uck                        | Delivery Truck                          |
| ·   | <ol> <li>Date placed in service</li> <li>Total mileage</li> <li>Business mileage</li> <li>Business use percentage (divide line 3 by limester)</li> </ol>                                     | ne 2)    | 2,        | /02<br>584.<br>421.<br>192 | 1/02/02<br>60,791.<br>60,791.<br>1.0000 |
|     | Standard Mileage Rate:   |          |           |                            |   |
|     | 5. Multiply line 3 by 44.5 cents (.445)  |          | 1,        | 077.                       | 27,052.                                 |
|     | Actual Expenses:   |          |           |                            |   |
|     | 6. Gasoline, lube and oil<br>7. Repairs<br>8. Tires  |          |           |                            | 12,918.<br>1,967.                       |
|     | 9. Insurance<br>10. Miscellaneous  |          |           |                            | 2,191.                                  |
|     | <ol> <li>Auto license (except personal property taxes</li> <li>Value of employer-provided vehicle</li> <li>Vehicle rent or lease (less inclusion)</li> <li>Add lines 6 through 13</li> </ol> | )        |           | 0.                         | 6,620.<br>23,696.                       |
|     | 15. Multiply line 14 by line 4<br>16. Depreciation and section 179 deduction<br>17. Add lines 15 and 16  |          |           | 0.                         | 23,696.<br>23,696.                      |
|     | Total Vehicle Expenses:  |          |           |                            |   |
|     | 18. Enter line 5 or line 17 19. Parking fees and tolls   |          | 1,        | 077.                       | 23,696.                                 |
|     | 20. Add lines 18 and 19  |          | 1,        | 077.                       | 23,696.                                 |
|     | Vehicle Expense Allocation:  |          |           |                            |   |
|     | 21. Car and truck expenses 22. Depreciation  |          | 1,        | 077.                       | 17,076.                                 |
|     | 23. Vehicle rent or lease payments 24. Add lines 21, 22, and 23 25. Interest expense (business portion) 26. Taxes and licenses (business portion) 27. Personal property taxes (Schedule A)   |          | 1,        | 077.                       | 6,620.<br>23,696.                       |

| C | ase 3:0                            |                 | -<br>00617- <u>N</u>                 | 1НТ-ТІ                                  | FM [                               | <br>Docu           | <br>ment           | 114-                     | 3                        | Fi                     | <br>iled 05/07           | 7/2008 | Page 59 of | 83 |
|---|------------------------------------|-----------------|--------------------------------------|---|------------------------------------|--------------------|--------------------|--------------------------|--------------------------|------------------------|--------------------------|--------|------------|----|
|   |                                    | 1               | 점<br>및<br>기                          |   | 15                                 |                    |                    |                          |                          |                        |                          |        |            |    |
|   |                                    |                 | Method                               |   | \$/L                               |                    |                    |                          |                          |                        |                          |        |            |    |
|   |                                    |                 | Prior<br>Depr                        |   | 7,866                              | 7,866              | 0                  | 7,866                    | 7,866                    | 0                      | 0                        | t      |            |    |
| , |                                    |                 | Depr.<br>Basis                       |   | 48,840                             | 48,840             | 0                  | 48,840                   | 48,840                   | 0                      | 0                        |        |            |    |
|   | dule                               |                 | Salvage<br>/Basis<br>Reductn         |   |                                    | •                  | 0                  | 0                        | 0                        | 0                      | 0                        |        |            |    |
|   | Sche                               |                 | Prior<br>Dec. Bal.<br>Deor.          |   |                                    | 0                  | 0                  | 0                        | 0                        | 0                      | O                        |        |            |    |
|   | 2006 Federal Depreciation Schedule | SMITH           | Prior<br>179/<br>Bonus/<br>Sp. Dear. |   |                                    | 0                  | 0                  | 0                        | 0                        | 0                      | 0                        |        |            |    |
|   | Depre                              | MICHAEL S SMITH | Special<br>Depr.<br>Allow            |   |                                    | 0                  | 0                  | 0                        | 0                        | 0                      | 0                        |        |            |    |
|   | eral                               | M               | Cur<br>179<br>Bonus                  |   |                                    | 0                  | 0                  | 0                        | 0                        | 0                      | 0                        |        |            |    |
|   | Fed                                |                 | Bus.                                 |   |                                    |                    |                    | _                        | _                        |                        | "                        |        |            |    |
|   | 2006                               |                 | Cost/<br>Basis                       |   | 48,840                             | 48,840             | 0                  | 48,840                   | 48,840                   | 0                      | 0                        |        |            |    |
|   |                                    |                 | Date                                 |   | 12/02/06                           |                    |                    |                          |                          |                        |                          |        |            |    |
|   |                                    |                 | Date<br>Acquired                     | ROUTE                                   | 8/02/03                            |                    |                    |                          |                          |                        |                          |        |            |    |
|   |                                    |                 | Description                          | Schedule C - FLOWERS BAKING BREAD ROUTE | Amoflization I Flowers Route #2100 | Tolai Amortization | Total Depreciation | Grand Total Amortizalian | Amortization Assets Sold | Amort Remaining Assets | Grand Total Depreciation |        |            |    |
|   | 12/31/06                           |                 | 4/03/07                              | Schedule C                              | Amoflication Flowers R             | Total A            | Total D            | Grand 1                  | Amortiz                  | . Amort }              | Grand 7                  |        |            |    |

| as  |                              |                 | 2006 of comes for year. Begin: End. •  106177-MHT-TFM Brose FFM Coping return 4-3  |          | 1240 DE  |   |                | į.         |                              | X.   |          |
|-----|------------------------------|-----------------|--|----------|--|---|----------------|------------|------------------------------|------|----------|
|     | Your first name              |                 | initial Last name  |          | WE BE  | 田田田                                     |                |            | ra a a a a a a               |      |          |
|     | • MICHA                      | EL              | S SMITH  |          |  |   |                | R.         |                              |      |          |
| - 1 | Spouse's tarst r             | ame             | initial Last name  |          |  |   |                |            |                              |      |          |
| - } | Present home                 | arior occ       | (number and street or P.O. Box number)   |          |  |   |                |            |                              |      |          |
| 1   | • resent nome                | 900,622         | , figures and street or F.O. box numbers   |          |  |   |                |            |                              |      |          |
| ľ   | Cily, town or p              |                 | _  |          |  |   |                |            |                              |      |          |
|     |                              |                 | E, AL 36862  |          |  |   |                |            |                              |      |          |
|     | Filing Statu<br>and          | _               | • 51,500 Single  |          |  |   |                |            |                              |      |          |
| 1   | Exemptions                   | , 2<br>3        | <ul> <li>\$3,000 Married filing joint return (even if only one spouse had in</li> <li>\$1,500 Married filing separate return, Complete line 5 with spou</li> </ul> |          | M22 bac on                                     | 5 Name<br>SSN                           |                |            |                              |      |          |
| 8   | Check only one box.          | 4               | • [X: \$3,000 Head of family (with qualifying person). (See instructions   |          |  |   | nsbio          | • 1        | Parent                       |      | _        |
| -   |                              | 6               | Wages, salaries, tips, etc (list each employer and address separately):  |          |  | tax withheld                            |                | •          | B – Income                   |      |          |
|     |                              | 1               | 3  | 6a       | •  |   | 00             | 6 a        | 1                            | 0    | 0        |
|     |                              | 1               | b  | 6b       | •  |   | 00             | 6t         | )                            | 0    | 0        |
| 1   | ncome                        | •               | C  | 6с       |  |   | 00             | 60         | ·                            |      | 0        |
| 2   | and                          | _ =             | d  | 6d       |  |   | 00             | <u>6</u> d |                              | 0    |          |
| •   | Adjustment                   | 57<br>8         | Interest and dividend income (also attach Schedule B if  |          |  |   | -              | 7 8        | • 32,9                       | 90 0 |          |
|     |                              | 9               | Other income (from page 2, Part I, line 9)   |          |  |   | -              | 9          | • 33,1                       |      |          |
|     |                              | 10              | Total adjustments to income (from page 2, Part II, line  |          |  |   |                | 10         |                              | 44 0 |          |
|     |                              | 11              | Adjusted gross income. Subtract line 10 from line 9  |          |  |   |                | 11         | • 32,5                       |      |          |
| Į   | Deductions                   | 12              | Check box a, if you itemize deductions, & enter amount from Sch A, line 26.  |          | Box a or b MUS                                 | T be checked                            | .              |            |                              |      | _        |
| )   | You Must<br>Altach page 2    |                 | Check box b, if you do not itemize deductions, and enter standard deduction (see instr.)   |          |  |   |                |            |                              |      |          |
| P   | of Federal<br>Form 1040.     |                 | a X Itemized Deductions . • b Standard Deduction   | 12       | <u> </u>                                       | 7,865                                   | 00             |            |                              |      |          |
| 1   | ederal Form<br>040A, Federal | - 13            | Federal tax deduction (see instructions)   | 10       |  | 2,180                                   |                |            |                              |      |          |
| lo  | orm 1040NR.                  | 74              | Personal exemption (from line 1, 2, 3, or 4)   | 14       | <u> </u>                                       | 3,000                                   |                |            |                              | - 1  |          |
| c   | 040EZ, if laiming a          | 15              | Dependent exemption (from page 2, Part III, line 2)  |          | <u> </u>                                       | 300                                     |                |            |                              |      |          |
|     | leduction on<br>ine 13.      |                 | Total deductions. Add lines 12, 13, 14, and 15   |          |  |   |                | 16         | • 13,34                      | 45 n | n        |
| _   | <del></del>                  | 17              | Taxable income. Subtract line 16 from line 11  |          |  |   |                | 17         | • 19,24                      |      |          |
|     |                              | 18              | Income Tax due. Enter here and check if from Fo  | orm NC   | DL-85A   |   | [              | 18         | • 9:                         | 23 0 | 0        |
|     |                              | 19              | Less credits from: X Schedule CR and/or CSchedule OC   |          |  |   | · · ·          | 19         |                              | 23 0 |          |
|     | Cax<br>Do Not Staple         | 20 a            | Net tax due Alabama. Subtract line 19 from line 18   |          | ·  |   | • • •          | 20 a       |                              | 0 0  |          |
| Ě   | orm(s) W-2,<br>V-2G, 1099    | 21              | o Consumer Use Tax (use worksheet in the instructions).  Alabama Election Campaign Fund. You may make a voluntary contrib  |          |  |   | -              | 20 b       | •                            | 0    | <u>U</u> |
| æ   | nd/or 40V to                 |                 |  |          |  | · • • • • • • • • • • • • • • • • • • • | 1              | 21 a       |                              | 0    | ٥        |
| -   |                              |                 | "  |          |  | · · · · · · · · · · · · · · · · · · ·   |                | 21 b       |                              | 0    | _        |
| _   |                              |                 | Total tax liability and voluntary contribution. Add lines  |          |  |   | <u> </u>       |            |                              | 00   | _        |
|     |                              | 23              |  |          |  |   | 00             |            |                              |      | _        |
| F   | ayments                      | 24              | Amount paid with extension (attach Form 4868A)   |          | •  |   | 00             |            |                              |      |          |
|     |                              | 25              | 2006 estimated tax payments (see instructions)   |          | <u> </u>                                       |   | 00             | 25         |                              |      | _        |
| _   | 4441111                      | <u>26</u><br>27 | Total payments. Add lines 23 through 25  |          |  |   | ···            | 26         | •                            | -10  | <u>U</u> |
|     | MOUNT<br>OU OWE              |                 | P'ace payment, along with Form 40V, loose in mailing envelope. (FORM   |          |  | ANY PAYMENT                             | 3 L            | 27         | •                            | 0    | n        |
| _   |                              | 28              | Estimated tax penalty. Also include on line 27 (see instructions)  |          |  |   | 00             |            |                              |      | <u> </u> |
|     | VERPAID                      | 29              | If line 26 is larger than line 22, subtract line 22 from line  | 26, 8    | enter amo                                      | unt OVERPA                              | ID.            | 29         | •                            | 0    | ō        |
|     |                              | 30              | Amount of line 29 to be applied to your 2007 estimated tax   |          | •  |   | 00             |            |                              | Т    | _        |
|     | onation<br>heck-offs         | 31              | Total Donation Check-offs from Schedule DC, line 2   |          | <u> •</u>                                      |   | 00             | ~~         |                              |      |          |
| _   | EFUND                        | 32<br>33        | Total. Add line 30 and line 31   |          |  |   |                | 32         | •                            | 0    | <u>U</u> |
| л   | LEF UHD                      | 33              |  | •        | nniare Part V D                                | age 2                                   |                | 33         | •                            | 0    | n        |
| _   |                              | R               | fan addressed envelope came with your return, please us<br>ne, mail your return to one of the addresses below.   | se il ai | nd follow the                                  | instructions                            | on l           | he e       | r<br>nvelope. If you do not  | have | <u>~</u> |
|     |                              | 0               | ne, mail your return to one of the addresses below.  you are not maxing a payment, mail your return to:  |          |  |   |                |            | . Form 40V, and payment to   |      |          |
|     | WHERE                        | . "             | Alabama Department of Revenue  |          | Nabama De                                      | partment of                             |                |            | i. i orin 404, and payment t | u.   |          |
|     | TO FILE 1<br>FORM 40         | -               | P.O. Box 154<br>Montgomery, Alabama 36135-0001   |          | <sup>2</sup> .O. Box <i>24</i> 0<br>Montgomery | )1<br>, Alabama 3                       | 61 <i>4</i> 0- | -0001      | 1                            |      |          |
|     |                              |                 | 4-1 k 0000 T 40 h  | _ •      |  | ,                                       |                | ,          |                              |      |          |

Mail only your 2006 Form 40 to one of the above addresses. Pror year returns, amended returns, and all other correspondence should be mailed to Alabama Department of Revenue. P.O. Box 327464. Montgomery, AL 36132-7464.

| Dependents  Do not irctude your spouse  See Wistruchons)  Dependents  Do not irctude your spouse  See Wistruchons)  Dependents  Do not irctude your spouse  See Wistruchons)  Dependents  Dependents claimed above  Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15.  PART IV  1 Residency  1 Residency  1 Residency  2 Did you file an Alabama income tax return for the year 2005? X Yes  1 No  1 If no, state reason.  4 Give name and address of present employer(s):  Yours  FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Section  All  Taxpayers Must Complete This  Section  Enter the federal Adjusted Gross income  Securce  Do you have income which is reported on your Pederal return, but not reported on your AL return (other than your state tax refund)?  FLOWERS BAKING CO. Of OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Section  FIRST  FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Section  First  Section  For pure to dependents claimed above  Sign  Section  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Tax Residency  Section  Section  Tax Residency           |   | <del>  14-3 Filed 95/</del>  |   | 06) MECHAEL<br>1 Alimony re  | PARTI  |
|---|---|--|---|--|--|
| 3 Gan or (loss) from sale of Real Estate, Stocks, Bonds, etc (attach Schedule D).  4 Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total pressors & annables.  5 a Total other income. Add lines 1 through & Enter here and also on page 1, line 8.  9 Total other income. Add lines 1 through & Enter here and also on page 1, line 8.  9 PART II 1 a Your IRA deduction.  5 Pounds or early withdraward of savings.  4 Allinon pad. Recipent's list name.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  5 Adoption expenses.  6 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  8 Total adjustments. Add lines 1 through 7. Enter here and also en page 1, line 10.  8 Total adjustments. Add lines 1 through 7. Enter here and also en page 1, line 10.  9 Enter annount here and on page 1, line 15.  10 Dependents  10 Dependents  11 Residency.  11 Residency.  12 Permitted on line 10.  2 Part Veryour spouses  5 Did you life annables an income and expense (line 10.)  2 Part Veryour spouses  5 Enter the Federal Adjusted Gross Income 9 S. 27, 591.  11 Residency.  12 Permitted on your 2006 Federal Individuel Income Tax Return.  12 Permitted on your 2006 Federal Individuel Income Tax Return.  13 Permitted on your 2006 Federal Individuel Income Tax Return.  14 Part Volumer Profess Advised Gross Income 9 S. 27, 591.  15 Part Volumer Profess Advis    |   | lule C or C-EZ1  |   |  | <b>.</b>   |
| Other Income (see instructions)  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total passors & amunite.  5 a Total other income cy (loss) (attach Federal Schedule F).  7 Farm income or (loss) (attach Federal Schedule F).  8 0 Mer recome (attach adven and states—see introthons)  9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8.  9 a Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8.  9 a Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8.  9 a Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8.  9 a Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8.  9 a Total other income. Add lines 1 through 9. State 2 line 6.  Adjust-ments  10 income  10 a Many paperses (at Federal Form 300) to 0 through 7. Enter here and also on page 1, line 10.  10 a Department 8.  11 a Department 9.  12 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  12 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  13 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  14 a Department 9.  15 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  15 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  16 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  16 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  17 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  18 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  19 a Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  10 a Department 10.  11 a Residency 9.  1    | a!n   <b>? (•</b>   |  |   |  |  |
| Table persons & anothers   Sa   | · - / · · · · · · · · · · · · · · · · ·   |  |   |  | ON   |
| Secretarion         |   |  |   |  |  |
| Section   Sect      | · · · · · · · · · · · · · · · · · · ·   | <del></del>  |   |  |  |
| PART II   1 a Your IRA deduction   1 a        |   |  |   |  | instructions)  |
| 9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8. 9  PART II 1 a Your IRA deduction. 1a   | 7   •   | F)   | (loss) (attach Federal Sc   | 7 Farm incor   |  |
| 9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8. 9    PART II 1 a Your IRA deduction. 1a   5 pouse's IRA deduction. 2   2 Payments to a Keogh returnment plan and self-employment SEP deduction. 2   3 Penalty on early withdrawal of savings. 3   4 Almony pad. Recipient's list rame. SSN   4 Almony pad. Recipient's list rame. SSN   5 Adoption expenses   6 Moming Expenses (at Federal form 3909) to Dity  |   |  | nature and source — see instruc   | 8 Other income   |  |
| 9 Total other income. Add lines 1 through 8. Enter here and also on page 1, line 8. 9    1 a Your IRA deduction. 1a    b Spouse's RA deduction. 2    2 Payments to a Keoph returement plan and self-employment SEP deduction. 2    3 Penalty on early withdrawai of savings. 3    4 Almony pad. Recipent's last name. SSN    4 Almony pad. Recipent's last name. SSN    5 Adoption expenses (af Referal from 303) to Dily State ZIP   6    7 Self-employed health insurance deduction. 7    7 Self-employed health insurance deduction. 7    8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10. 3    PART III   1a Dependents:    1a Dependents    Do not include yourself or your spouse    9 Amount allowed. (Multiply \$300 by the total number of dependents claumed on line 1b.)    Enter amount here and on page 1, line 15.    PART IV   1    PART IV    | 8 •   |  |   |  |  |
| PART II   1 a Your IRA deduction.   |   | here and also on page 1  | www. Add lines 1 through  | 9 Total other  |  |
| b Spouse's IRA deduction.  2 Payments to a Keogh retirement plan and self-employment SEP deduction.  2 Payments to a Keogh retirement plan and self-employment SEP deduction.  3 Penalty on early withdrawal of savings.  4 Almony pad. Recipent's last name.  SSN •  Address  5 Adoption expenses.  6 Moving Expenses (af Federal Form 3903) to City  7 Self-employed health insurance deduction.  8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  8 PART III  1 a Dependents:  1 a Dependents:  1 a Dependents:  1 a Dependents:  1 a Dependents:  1 b Total inumber of dependents claimed above  2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on page 1, line 15.  PART IV  1 Residency  2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15.  2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15.  2 Did you file an Alabama income tax return for the year 2005c. X Yes No  1 In no, state reason.  4 Give name and address of present employer(s):  Yours FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368 Yesports  Bit if yes, enter source(s) and amount(s) below: (other than state uncome tax return)  PART V  Direct  1 Do you have income uncluded in this return from a grantor trust?  PART V  Direct  1 Rouling Number:  2 Type: Checking Sawings  4 Checking Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  2 Type: Checking Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  1 Sawings  2 S |   |  |   |  | DADTIL   |
| 2 Payments to a Keogh returement plan and self-employment SEP deduction. 3 Penalty on early withdrawar of savings. 3 Penalty of early on early withdrawar of savings. 3 Penalty of early on early withdrawar of savings. 3 Penalty of early on early withdrawar of savings. 3 Penalty of early on early withdrawar of savings. 3 Penalty of early on early withdrawar of savings. 3 Penalty of early on early withdrawar on part of savings. 3 Penalty of early on early on early withdrawar on part of early withdrawar on early on early withdrawar on part of early on early on early withdrawar on part of early early withdrawar on e    |   |  |   |  | PARIB  |
| Adjustments to Income (see mirrochore)  Almony pard, Recipient's last name  |   |  |   | •  |  |
| Adjustments to income (are matriceones)  5 Moving Expenses (at Federal Form 3903) to City   |   | mployment SEP deduction  | Keogh retirement plan and   | 2 Payments   |  |
| ## Allmony paid. Recipient's last name.   SSN *   4   *   *   *   *   *   *   *   *   | 3 •   |  | withdrawal of savings   | 3 Penalty on   | Adjust.  |
| Address   Adoption expenses   5   Adoption expenses   5   Adoption expenses   5   Adoption expenses   5   Adoption expenses   6   Moving Expenses (at Federal Form 3903) to City   State   ZIP   6   6   7   7   8   7   7   8   7   7   8   7   7  |   |  |   |  |  |
| Section   Sect      |   | PART II 1 a Your IRA deduction.  b Spouse's IRA deduction.  2 Payments to a Keogh retirement plan and self-employment SEP deduction.  3 Penalty on early withdrawal of savings.  4 Alimony paid. Recipient's last name.  SSN •  Address  5 Adoption expenses  6 Moving Expenses (att Federal Form 3903) to City  7 Self-employed health insurance deduction.  8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  PART III 1 a Dependents:  (1) First name  Co not include yourself or  |   |  |  |
| Residency   State   ZIP   |   |  | PART II 1 a Your IRA deduction.  b Spouse's IRA deduction.  2 Payments to a Keogh retirement plan and Penalty on early withdrawal of savings.  Adjustments 4 Alimony paid. Recipient's last name.  Address 5 Adoption expenses.  6 Moving Expenses (att Federal Form 3903) to City 7 Self-employed health insurance deduction.  8 Total adjustments. Add lines 1 through 7. Enter here PART III 1 a Dependents:  (1) First name Last name  Dependents  Do not inctude yourself or your spouse (gee Mistructions)  b Total number of dependents claimed above 2 Amount allowed. (Multiply \$300 by the total page 1 for your spouse (Multiply \$300 by the total page 2 for your spouse) |  |  |
| 7 Self-employed health insurance deduction. 8 Total adjustments. Add lines 1 through 7. Enter here and also on page 1, line 10.  PART III  1 a Dependents: (1) First name  Last name  Last name  Last name  C2) Dependent's social security number.  3 Tent  Yes  Do not include yourself or your spooses  Becambrane on the security number.  Do not include yourself or your spooses  Becambrane on the security number of dependents claimed above  Amount allowed. (Multibity \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 1s.  PART IV  1 Residency  Part Year From  2006 through  2006. Total information  3 If no, state reason.  Give name and address of present employer(s):  Yours  FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368 as reported on your 2006 Federal Individual Income Tax Return.  5 Enter the federal Adjusted Gross Income  Source  Source  Source  Amount  Type:  Amount  Amount  PART V  Direct  Deposit  1 Routing Number:  2 Type:  Checking  Savings  Savings  Value prove relationship to you.  (4) Dod you prove more than one to security number.  (4) Dod you prove relationship to you.  (4) Dod you prove relationship to you.  (4) Dod you prove relationship to you.  (4) Dod you prove relationship to you.  (4) Dod you prove relationship to you.  (4) Dod you prove relationship to you.  (5) Dependent's social security number.  2 Did you file an Alabama income tax return for the year 2005?  Yes  No  Total number of dependents claimed above  2 Amount of the year 2006, indicate your period of the year 2006, indicate your period of the year 2006, indicate your period of the year 2006, indicate your period of your period of your return for the year 2005?  Yes  No  Total number of Deposit of your provided your and the year 2005?  Yes  No  For Direct Deposit of your return, but not reported on your At return (other than your state tax refund)?  PART V  Direct  Deposit of your provided your period of your period of your period of your period of your period                |   |  |   |  | 9 Total PART II 1 a You b Spo 2 Pay Adjustments 4 Alimation Addrag |
| PART III   1 a pependents:   Cappendents        |   |  |   |  |  |
| PART III   1 a Dependents   | 7 <u>•</u>  |  | nealth insurance deduction  | 7 Self-emplo   |  |
| PART III   1 a Dependents   | 8 •   | on page 1, line 10   | Add lines 1 through 7. Enter her  | 8 Total adjustr  |  |
| Complete This   Complete This   Section   Complete This   Section   Complete This   Section   Complete This   Section   Complete This   Section   Complete This   Section   Complete This   Section   Complete This   Comple      | — (A) Out was proude  |  |   |  | DADT III   |
| Dependents  Do not include yourself or your spoose   Bee Mistuchons)  Do not include yourself or your spoose   Bee Mistuchons)  Do not include yourself or your spoose   Do Total number of dependents claimed above   2 Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15.  PARTIV 1  Residency   | more than one-half  |  | l art name  |  | PARIM  |
| Do not include yoursel or your spouse    See   Mistruchons  | dependent's supports  | security number.   | Last home   | (1) 1131 110110  |  |
| Sign         | rent Yes  |  |   |  | Dependents   |
| PART IV   1 Residency   •   |   | •  |   | 9 Total other income. Add line PART II 1 a Your IRA deduction b Spouse's IRA deduction 2 Payments to a Keogh returent and source an |  |
| b Total number of dependents claimed above  Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15  |   |  |   |  | Do not include<br>vourself or  |
| Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15  |   |  |   |  |  |
| Amount allowed. (Multiply \$300 by the total number of dependents claimed on line 1b.)  Enter amount here and on page 1, line 15  |   |  | donous aloumed abou   | h Tabal aumi   | ígee   |
| Enter amount here and on page 1, line 15  | too line Th Y   |  | dependents claimed abo  | D TOTAL RUITE  | Mstructions)   |
| Part IV   1   Residency   |   |  |   |  |  |
| Check only one box Part Year From 2006 through 2005. Total pid you file an Alabama income tax return for the year 2005? X Yes No If no, state reason.  Give name and address of present employer(s):  Your FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Your SPLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Taxpayers Must Complete This Section Enter the Federal Adjusted Gross Income \$32,591. and Federal Taxable Income \$18,4 as reported on your 2006 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on your At, return (other than your state tax refund)? If yes. enter source(s) and amount(s) below: (other than state income tax refund)  Source Armount Armount Source  To be you have income included in this return from a granter trust? Yes X No  PART V For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Routing Number: 2 Type: Checking Savings  Account Number: 2 Type: Checking Savings  Winder penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my Innowledge are true, correct, and complete Declaration of preparer (other than lapsayer) is based on all information of which preparer has any knowledge.   |   |  |   |  |  |
| Did you file an Alabama income tax return for the year 2005?   X Yes  | uring 2006, indicate your period of   | a part-year resident of AL   | 🛌 🍨 🗓 Fuli Year If you  | 1 Residency  | PARTIV   |
| Did you file an Alabama income tax return for the year 2005?   X   Yes   No   | ph 2006. Total r  | 2006 thro  | <ul> <li>Part Year From</li> </ul>  | Check only on  |  |
| Information  If no, state reason.  Give name and address of present employer(s):  Yours FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Taxpayers Must Complete This Section  If no, state reason.  If no, state reason.  FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  Section  Interpret before a Adjusted Gross Income \$ 32,591. and Federal Taxable Income \$ 18,4 as reported on your 2006 Federal Individual Income Tax Return.  Do you have income which is reported on your Federal return, but not reported on your AL return (other than your state tax refund)?  If yes. enter source(s) and amount(s) below: (other than state income tax refund)  Source Amount Amount  To you have income included in this return from a grantor trust? Yes X No  PART V  Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Routing Number: 2 Type: Checking Savings  Account Number:  X   authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements. and to the best of my knowledge are true, correct, and complete Declaration of prepared (other than labayed) is based on all information of which preparer has any knowledge.  | No  | year 2005? X Yes   | Alabama income tax returi   | 2 Did you file   | General  |
| 4 Give name and address of present employer(s):  Yours FLOWERS BAKING CO. OF OPELIKA 101 SIMMONS STREET OPELIKA AL 368  All Taxpayers Must Complete This Section  5 Enter the Federal Adjusted Gross Income \$32,591. and Federal Taxable Income \$18,4 as reported on your 2006 Federal Individual Income Tax Return.  6 Do you have income which is reported on your Federal return, but not reported on your AL return (other than your state tax refund)? If yes. enter source(s) and amount(s) below: (other than state income tax refund)  Source Armount Armount  7 Do you have income included in this return from a granter trust? Yes X No  PART V  Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  The Checking Savings  Account Number:  X I authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge. The penalties of perjury, I declare that I have examined this return and accompanying schedules and statements. and to the best of my knowledge.   | han 1   |  |   |  |  |
| All Taxpayers Must Complete This Section  To you have income included in this return from a grantor trust?  To you have income included in this return from a grantor trust?  To you have income included in this return from a grantor trust?  To you have income included in this return from a grantor trust?  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  To posit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  |   |  |   | -  |  |
| All Taxpayers Must Complete This Section  Enter the Federal Adjusted Gross Income This Section  Section  Section  Find the Federal Adjusted Gross Income This Section  Find the Federal Adjusted Gross Income Tax Return.  Source Source Source This Source This Source This Source This Source This Source This Source This Source This Source This Source This Source This Source This Source This This Source This This Source This This Source This This This This This This This This  | פיים ביי אסטינעא או פניים   | TEN 101 CTHRONG  |   |  |  |
| All Taxpayers Must Complete This Section  5 Enter the Federal Adjusted Gross Income This Section  5 Enter the Federal Adjusted Gross Income This Section  6 Do you have income which is reported on your Federal return, but not reported on your At. return (other than your state tax refund)?  6 Do you have income which is reported on your Federal return, but not reported on your At. return (other than your state tax refund)?  6 If yes, enter source(s) and amount(s) below; (other than state income tax refund) Source Source Armount  7 Do you have income included in this return from a grantor trust?  PART V  Direct Deposit  1 Routing Number: 2 Type: Checking Savings  Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than laxaper) is based on all imformation of which preparer has any knowledge and statements.   | STUDET OFFITTH WP 3080  | TIVE TOT STUMONS   | NO DARLING CO. OF   | Your   |  |
| Amount Source To be you have income which is reported on your Federal return, but not reported on your At return (other than your state tax refund)?  PART V Direct Deposit  The position of the position o       |   |  |   | spouse's   |  |
| Complete This  5 bo you have income which is reported on your Federal return, but not reported on your AL return (other than your state tax refund)?  If yes, enter source(s) and amount(s) below; (other than state income tax refund)  Source  7 Do you have income included in this return from a grantor trust?  PART V  Direct Deposit  1 Routing Number: 2 Type: Checking Savings  Account Number:  • XI authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than lapsayer) is based on all information of which preparer has any knowledge.  | eral Taxable Income •\$18,44  | 591. and Fe  | justed Gross Income   | 5 Enter the Fede   |  |
| Complete This Section  Do you have income which is reported on your Federal return, but not reported on your At return (other than your state tax refund)?  If yes, enter source(s) and amount(s) below: (other than state income tax refund)  Source  Amount  To you have income included in this return from a granter trust?  PART V  Direct Deposit  Routing Number:  The proof of periphy is a count Number:  The proof of periphy is a count Number:  The proof of periphy is a count of preparer to the pearer has the payer is a based on a fill information of which preparer has now knowledge.   | -   |  |   |  |  |
| Section   If yes, enter source(s) and amount(s) below: (other than state income tax refund)   Source  | Cother than your state tay refunds?   |  |   |  |  |
| Source  7 Do you have income included in this return from a granter trust?  PART V  For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit  Routing Number:  2 Type: Checking Savings  3 Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than taxaparer) is based on all information of which preparer has any knowledge.  |   |  |   |  |  |
| Source  7 Do you have income included in this return from a granter trust? Yes X No  PART V  For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit  1 Routing Number: 2 Type: Checking Savings 3 Account Number:  • X I and 3 below. (See Instructions to see if you qualify.)  Sign  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than bapayer) is based on all information of which preparer has any knowledge.  | ALL AFTER A   | er man state income tax  | ree(s) and amount(s) belt   | -  | Section  |
| 7 Do you have income included in this return from a granter trust? Yes X No  PART V For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit 1 Routing Number: 2 Type: Checking Savings 3 Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than taxaever) is based on all information of which preparer has any knowledge.  | ·   |  |   | Source   |  |
| PART V For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit Routing Number: 2 Type: Checking Savings Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than laxaper) is based on all information of which preparer has any knowledge.   | Amount •  |  |   |  |  |
| PART V For Direct Deposit of your refund, complete 1, 2, and 3 below. (See Instructions to see if you qualify.)  Direct Deposit  1 Routing Number: 2 Type: Checking Savings  3 Account Number: • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my  Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than taxabaver) is based on all information of which preparer has any knowledge.  | Amount •  |  |   |  |  |
| Direct Deposit  1 Routing Number: 2 Type: Checking Savings  3 Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are tive, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   | Amount Amount   | a granter trust?   | ome included in this retur  | Source   |  |
| Sign  3 Account Number:  • X I authorize a representative of the Department of Revenue to discuss my return and attachments with my  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than bapayer) is based on all information of which preparer has any knowledge.  | Amount Amount S X No  |  |   | Source   | PARTV  |
| X authorize a representative of the Department of Revenue to discuss my return and attachments with my  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are two, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.   | Amount Amount S X No see if you qualify.)   | and 3 below. (See Instru   | sit of your refund, comple  | Source 7 Do you hay For Direct f   | L  |
| Sign  Under penalties of perjury. I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.  | Amount Amount S X No see if you qualify.)   | and 3 below. (See Instru   | sit of your refund, comple  | Source 7 Do you hav For Direct I Routing Nu  | Direct   |
| Sign  Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge are true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  | Amount Amount  S X No  tions to see if you qualify.) ing Savings  | and 3 below. (See Instruction 2 Type: Chec   | sit of your refund, comple<br>:<br>r:   | Source 7 Do you hay For Direct I 1 Routing Nu 3 Account Nu   | Direct   |
| are true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  | Amount Amount  S X No  tions to see if you qualify.) ing Savings  | and 3 below. (See Instruction 2 Type: Chec   | sit of your refund, comple<br>:<br>r:   | Source 7 Do you hay For Direct I 1 Routing Nu 3 Account Nu   | Direct   |
| Liara ,   | Amount Amount  S X No  tions to see if you qualify.) ing Savings  y return and attachments with my p  | and 3 below. (See Instruction 2 Type: Checont of Revenue to discuss r  | sit of your refund, comple : :: :: representative of the Dep  | Source 7 Do you hay For Direct I Routing Nu Account Nu X I author  | Direct<br>Deposit  |
| Here Your signature Date Daytime telephone number Your occupation   | Amount Amount  S X No  tions to see if you qualify.) ing Savings  y return and attachments with my p  | and 3 below. (See Instruction 2 Type: Checont of Revenue to discuss r  | sit of your refund, comple : :: :: representative of the Dep  | Source 7 Do you hay For Direct I Routing Nu Account Nu  X I author   | Direct<br>Deposit  |
| Keep a copy of SALESMAN   | Amount  Amount  S X No  fions to see if you qualify.)  Ing Savings  y return and attachments with my p  statements, and to the best of my knowledge a of which preparer has any knowledge.  | and 3 below. (See Instruction 2 Type: Check to f Revenue to discuss repayables and accompanying schedules are appayer) is based on all information.  | sit of your refund, comple : :: :: representative of the Dep  | Source 7 Do you hay For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties care true, correct.  | Direct<br>Deposit  |
| this return for   | Amount  Amount  S X No  sions to see if you qualify.)  Ing Savings  y return and attachments with my p  statements, and to the best of my knowledge a of which preparer has any knowledge.  | and 3 below. (See Instruction 2 Type: Check to f Revenue to discuss repayables and accompanying schedules are appayer) is based on all information.  | sit of your refund, comple : :: :: representative of the Dep  | Source 7 Do you hay For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties care true, correct.  | Direct<br>Deposit<br>Sign<br>Here  |
| Solution state in the control of the    | Amount Amount  S X No  sions to see if you qualify.)  Ing Savings  y return and attachments with my p statements, and to the best of my knowledge a of which preparer has any knowledge.  Number Your occupation  SALESMAN  | and 3 below. (See Instruction 2 Type: Check to of Revenue to discuss in and accompanying schedules an axpayer) is based on all information capacity of the property of the contraction o | sit of your refund, comple: : :: :: representative of the De; iry, I declare that I have examined implete Declaration of preparer (of   | Source 7 Do you hav For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties of are true, correct. Your signature   | Direct<br>Deposit  Sign Here  Keep a copy of this return for   |
|   | Amount Amount  S X No  sions to see if you qualify.)  Ing Savings  y return and attachments with my p statements, and to the best of my knowledge a of which preparer has any knowledge.  Number Your occupation  SALESMAN  | and 3 below. (See Instruction 2 Type: Check to of Revenue to discuss in and accompanying schedules an axpayer) is based on all information capacity of the property of the contraction o | sit of your refund, comple: : :: :: representative of the De; iry, I declare that I have examined implete Declaration of preparer (of   | Source 7 Do you hav For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties of are true, correct. Your signature   | Direct<br>Deposit<br>Sign<br>Here  |
|   | Amount  Amount  S X No  Itions to see if you qualify.)  Ing Savings  Y return and attachments with my p  statements, and to the best of my knowledge a  of which preparer has any knowledge.  Your occupation  SALESMAN  number Spouse's occupation                               | and 3 below. (See Instruction 2 Type: Check to f Revenue to discuss in and accompanying schedules an axpayer) is based on all information Daytime telephone  | sit of your refund, comple: : :: :: representative of the De; iry, I declare that I have examined implete Declaration of preparer (of   | Source 7 Do you hav For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties of are true, correct. Your signature Spouse's Signature  | Direct<br>Deposit  Sign Here  Keep a copy of this return for   |
| ALEXANDER WALTON 4/U3/U/ self-employed  | Amount Amount  S X No  tions to see if you qualify.)  Ing Savings  y return and attachments with my p statements, and to the best of my knowledge a of which preparer has any knowledge.  number Your occupation  SALESMAN  number Spouse's occupation  Preparer's SSN or         | and 3 below. (See Instruction 2 Type: Check to of Revenue to discuss in and accompanying schedules an axpayer) is based on all information Daytime telephone Daytime telephone Daytime telephone   | sit of your refund, comple : :: representative of the Depart, I declare that I have examined molete Declaration of preparer (of introduced that it have examined molete Declaration of preparer (of introduced that it have examined molete Declaration of preparer (of introduced that it has been been as a second that it has been been been been been been been bee   | For Direct I Routing Nu Account Nu  X I author Under penalties care true, correct. Your signature  Preparer's signature  | Direct<br>Deposit  Sign Here  Keep a copy of this return for   |
| Paid Firm's name (or yours if self-employed) Daytime telephone number   | Amount Amount  S X No  fions to see if you qualify.)  Ing Savings  Y return and attachments with my p  statements, and to the best of my knowledge a  of which preparer has any knowledge a  of which preparer has any knowledge.  SALESMAN  number Spouse's occupation  Check il | and 3 below. (See Instruction 2 Type: Check to of Revenue to discuss in and accompanying schedules an axpayer) is based on all information Daytime telephone Daytime telephone Daytime telephone   | sit of your refund, comple : :: representative of the Depart, I declare that I have examined molete Declaration of preparer (of introduced that it have examined molete Declaration of preparer (of introduced that it have examined molete Declaration of preparer (of introduced that it has been been as a second that it has been been been been been been been bee   | For Direct I Routing Nu Account Nu  X I author Under penalties care true, correct. Your signature  Preparer's signature  | Direct<br>Deposit  Sign Here  Keep a copy of this return for your records.   |
| Preparer's Use Only Alexander Walton PC   | Amount Amount  S X No  tions to see if you qualify.) ing Savings  y return and attachments with my p statements, and to the best of my knowledge a of which preparer has any knowledge, number Your occupation  SALESMAN  number Spouse's occupation  Check il self-employed      | and 3 below. (See Instruction 2 Type: Check to of Revenue to discuss in and accompanying schedules an axpayer) is based on all information Daytime telephone Daytime telephone Daytime 4/03/07   | sit of your refund, comple : :: :: :: :: :: :: :: :: :: :: :: ::  | Source 7 Do you hav For Direct I 1 Routing Nu 3 Account Nu (X) I author Under penalties care true, correct. Your signature  Preparer's signature  ALEXANDE   | Direct Deposit  Sign Here Keep a copy of this return for your records.   |

-----

VI 33

Schedule A — Itemized Deductions 2006

A, B, CR, & DC ""
Case 3:07-cv-006 45-MHT-TFM

F-TFM Document 114-3 Filed 05/07/2008
(Schedules B, CR and DC are on page 2)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

d 05/07/2008 Page 62 of 83

Name(s) as shown on Form 40 Your social security number MICHAEL S SMITH The itemized deductions you may claim for the year 2006 are similar to the itemized deductions claimed on your Federal return, however, the amounts may differ. Please see instructions before completing this schedule, PART-YEAR RESIDENTS: A resident of Alabama for only a part of the year should list below only those deductions actually paid while a resident of Alabama. CAUTION: Do not include expenses reimbursed or paid by others. 1 Medical and dental expenses 4,544 00 Medical and 2 Enter amount from Dental Form 40, line 11 32,591 00 Expenses (See instructions) 3 Multiply the amount on line 2 by 4% (.04). Enter the result . . . . 1,304 00 4 Subtract line 3 from line 1. Enter the result. If zero or less, enter -0- . . . . . . 3,240 00 5 Real estate taxes... 448 5 6 FICA Tax (Social Security & Medicare) and Federal 6 4,014 00 Taxes You 7 Paid (See instructions) 8 Other taxes. (List - include personal property taxes.) > Personal Property Taxes 138100 9 Add the amounts on lines 5 through 8. Enter the total here 9 4,600 00 10 a Home mortgage interest & points reported to you on Federal Form 1098. | 10 a Interest You Paid b Home mortgage int not reported to you on Fed Form 1098. (If paid to an (See instructions) individual, show that person's name & addr.) > NOTE: 10b 00 Personal interest 11 00 is not 12 Investment interest (Attach Form 4952A) .... 12 00 deductible. 13 Add the amounts on lines 10a through 12. Enter the total here. 13 ( 000 CAUTION: If you made a charitable contribution and received a benefit in return, see instructions. Gifts to 14 Contributions by cash or check. Charity 14 25 00 (See instructions) 15 Other than cash or check, (You MUST att Fed Form 8283 if over \$500.) 15 00 16 00 17 Add the amounts or lines 14 through 16. Enter the total here. 17 25 00 18a Enter the amount from Federal Form 4684, line 16 (See instructions)... 18 a 00 Casualty and b Enter 10% of your adjusted gross income (Form 40, line 11)... Theft Loss 18b 00 (Atlach Form 4684) c Subtract line 18b from line 18a. If zero or less, enter -0-18d= 0'00 19 Unreimbursed employee expenses - job travel, union dues, job education, etc (You MUST attach Federal Form 2106 if required. See instructions.) > Job Expenses 19 and Most Other Other expenses (investment, tax preparation, sate deposit box, etc). Miscellaneous List type and amount > Deductions (See instructions) 20 21 Add the amounts on lines 19 and 20. Enter the total 21 00 Multiply the amount on Form 40, line 11 by 2% (.02). Enter the result here ..... 00 23 Subtract line 22 from line 21. Enter the result. If zero or less, enter -0- ... ... 23 -0 00 24 Other (from list in instructions). List type and amount > Other Miscellaneous Deductions 24 • 000 Qualified Long-CAUTION: Do not include medical premiums. Term Care Ins Premiums Enter amount here. 25 | 0 0 0 Total Itemized 26 Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 25. Enter the total here. Then

enter on Form 40, page 1, line 12.

Deductions

7,865|00

Filed 05/07/2008

Page 63 of 83

| טעיי  | ii rapakimi mhawa thaa Elein as  |  |   | a Cehadula P. Con inclui   |  | ne       |   |
|---|--|--|---|--|--|----------|---|
|   | u received more than \$1500 of interes   | and Amounts  | iust compiei  | A Exempt Interest  | CUO  | 115.     | B<br>Taxable Interest<br>and Dividends  |
| 1   | FARMERS & MERCHANTS BAN  | IK .   | 1   | 1  | 10   |          | 187 00  |
|   |  |  |   |  | 10   |          | 00  |
|   |  |  |   |  | 10   |          | 00  |
|   |  |  |   |  | o  | 1        | 00  |
| ı   |  |  |   |  | 10   | 1        | 00  |
| N<br>T  |  |  | 1   |  | _  | 1        | 00  |
| INTEREST  |  |  |   |  | 10   | 4 1      | 00  |
| E   |  |  |   |  | 0  | Ī        | 00  |
| 7   |  |  |   |  | ŏ  | 1        | 00  |
|   |  |  |   | <del></del>  | Ō  | f        | 00  |
|   | Subtotal   |  |   |  | ŏ  | t        | 187 00  |
| 2   | WALMART, INC. ASOP   |  |   | <u> </u>   | +  |          | 3 00  |
| _   | 110  |  |   |  | -  | 1        | 00  |
|   |  |  |   |  | $\exists$  | f        | 00  |
|   |  |  |   |  | -  |          | 00  |
| D   |  |  |   |  | $\neg$   | Г        | ōc  |
| Ý   |  |  |   |  | $\dashv$   | 2        | 00  |
| Ď   |  |  |   |  | $\dashv$   | _        | loc   |
| EZDS  |  |  |   |  | $\dashv$   | Ì        | loc   |
| \$  |  |  | <del></del>   |  | -  | ŀ        | log   |
|   | ·  |  |   |  | $\dashv$   | ŀ        | 00  |
|   | Subtotal   |  |   |  | -  | ŀ        | 300   |
| -   |  |  |   |  |  |          |   |
| 3   | TOTAL TAXABLE INTEREST AND DI  | VIDENOS, Enter here and on F   | orm 40, pag   | e I. line 7  | •  | 3        |   |
|   | TOTAL TAXABLE INTEREST AND DI<br>EDULE CR — Credit for Taxes   |  | orm 40, pag   | e 1, line 7  | •  | 3        | 190 00  |
| CH  |  |  | orm 40, pag   | e I, line 7  | •  | 3        |   |
| See I   | EDULE CR — Credit for Taxes  | sheet in the instructions before   | completing  | this schedule. This credi  | wil  | l No     | 190 CC  |
| ee l  | IEDULE CR — Credit for Taxes Instructions.  ISE You may need to fill out the work  | Sheet in the instructions before return with the other state and   | e completing  | this schedule. This credi  | wil<br>you   | I No     | 190 Co<br>OT be allowed unless<br>labama return.  |
| CH<br>See /<br>PLE/<br>IOTE   | IEDULE CR — Credit for Taxes Instructions.  ISE You may need to fill out the work ISE you file a nonresident income tax 2006 taxable income as snown on the George   | Paid to Other States sheet in the instructions before return with the other state and  | e completing  | this schedule. This credi  | wil<br>you   | Nor A    | OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If  |
| GEA<br>Gee /<br>PLE/<br>IOTE  | IEDULE CR — Credit for Taxes Instructions.  ISE You may need to fill out the work ISE you file a nonresident income tax 2006 taxable income as snown on the George   | sheet in the instructions before return with the other state and gia state return (name of state)  | e completing<br>d attach a co   | this schedule. This credi  | will<br>you  | I Nor Al | OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, tine 5  |
| ich<br>iee i<br>ioti<br>1   | IEDULE CR — Credit for Taxes Instructions.  ISE You may need to fill out the work is you file a nonresident income tax 2006 taxable income as snown on the Georgian  | sheet in the instructions before return with the other state and g1a state return (name of state) as tax rates.  | e completing<br>d attach a co   | this schedule. This credi<br>opy of that 2006 return to<br>24,483 (  | will<br>you<br>0   | Nor A    | OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If  |
| See DEA   | IEDULE CR — Credit for Taxes Instructions.  ISE You may need to fill out the work You file a nonresident income tax 2006 taxable income as snown on the Geory Tax due the other state using Alabam   | sheet in the instructions before return with the other state and state return  (name of state)  at tax rates   | e completing d attach a co  | this schedule. This credi<br>opy of that 2006 return to<br>24,483 C  | will you   | Nor A    | OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, If using the worksheet worksheet worksheet unless below) will equal worksheet                 |
| DLEAIOTE  1  2  3  4  | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geox Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, page CREDIT ALLOWABLE. Enter the amount of the credit page 1, line 19, If you have other credit in the credit of the cre | sheet in the instructions before return with the other state and grad state return  (name of state)  no tax rates  that state's return or Form W-2  e 1, line 18  bount from line 2, 3, 4, or the any other credits, entities, entite the amount from line is.   | e completing d attach a cc  1  2 2 3 4  nount from t er amount from t er amount from t  | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 C 10 C 10 C 10 C 10 C 10 C 10 C 10 C   | will you 0   | No A     | OT be allowed unless labama return.  If more than one 'other' state isses Schedule CR worksheet, If ising the worksheet, if below) will equal worksheet art 5, line 21.   |
| DLEA<br>IOTE<br>1<br>2<br>3<br>4<br>5   | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geory Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, page CREDIT ALLOWABLE. Enter the amoinstructions, whichever is smallest. If page 1, line 19, If you have other creand complete.   | sheet in the instructions before return with the other state and requal state return.  (name of state)  na tax rates.  that state's return or Form W-2  e 1, line 18.  bunt from line 2, 3, 4, or the anyou have no other credits, enter the amount from line.   | e completing d attach a cc  1  2 2 3 4  nount from t er amount from t er amount from t  | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 C 10 C 10 C 10 C 10 C 10 C 10 C 10 C   | will you   | No A     | OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, If using the worksheet worksheet worksheet unless below) will equal worksheet                 |
| PLEA<br>PLEA<br>1<br>1<br>2<br>3<br>4<br>5  | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income lax 2006 taxable income as snown on the Geox Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, page CREDIT ALLOWABLE. Enter the amount of the credit of the page 1, line 19, If you have other credit and complete.  EDULE DC — Donation Check  | sheet in the instructions before return with the other state and grad state return.  (name of state)  (na tax rates  | e completing d attach a cc  1 2 2 3 4 nount from t er a to school   | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will you 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Nor A    | 190 00  OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, If below) will equal worksheet art 5, line 21.  |
| 1<br>2<br>3<br>4<br>5   | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income lax 2006 taxable income as snown on the Geory  Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, pagic CREDIT ALLOWABLE. Enter the amount of the credit page 1, line 19, If you have other credit and complete.  EDULE DC — Donation Check You may donate all or part of your owners.   | sheet in the instructions before return with the other state and gia state return.  (name of state)  (na tax rates   | e completing d attach a cc  1  2  2  2  3  4  nount from t er amount from a 5 to Sched  | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | 0<br>0<br>0<br>0   | Nor A    | 190 00  Of be allowed unless labama return.  If more than one 'other' state isses Schedule CR worksheet, If ising the worksheet, if ising the worksheet eart 5, line 21.  |
| CH<br>See I<br>1<br>2<br>3<br>4<br>5  | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geox Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, page CREDIT ALLOWABLE. Enter the amount in the Complete of the complete of | sheet in the instructions before return with the other state and grad state return.  (name of state)  no tax rates.  that state's return or Form W-2  e 1, line 18.  Dount from line 2, 3, 4, or the anyou have no other credits, entodits, enter the amount from line.  Offs  erpayment. (Enter the amount  | e completing d attacht a cc  1  22 2G 3 4  mount from t er amount from a 5 to Sched in the approximate a proximate s schedule. This creditopy of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will will you o  | Nor A    | 190 00  OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet. If using the worksheet, line 21.  923 00  |
| CH<br>See I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I<br>I | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income lax 2006 taxable income as snown on the Geory  Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, pagic CREDIT ALLOWABLE. Enter the amount of the credit page 1, line 19, If you have other credit and complete.  EDULE DC — Donation Check You may donate all or part of your owners.   | sheet in the instructions before return with the other state and grad state return or form W-2 at a tax rates.  that state's return or Form W-2 at 1, line 18.  bount from line 2, 3, 4, or the anyou have no other credits, enter the amount from line control of th | e completing d attach a cc  1  2  2  2  3  4  nount from t er amount from t e 5 to Sched  in the approx  i Mental H  j Neighbor   | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will you 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Nor All  | 190 00  OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet. If using the worksheet, ine 5 below) will equal worksheet art 5, line 21.  923 00                             |
| PLEADOTE 1 2 3 4 5 5 CH 1 a b c d   | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geor Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, pagic CREDIT ALLOWABLE. Enter the amoinstructions, whichever is smallest. If page 1, line 19, if you have other creand complete.  EDULE DC — Donation Check You may donate all or part of your ov Senior Services Trust Fund   | sheet in the instructions before return with the other state and return.  (name of state)  In a tax rates.  Ithat state's return or Form W-2  It I, line 18.  Jount from line 2, 3, 4, or the anyou have no other credits, enter the amount from line.  Offs  erpayment. (Enter the amount from line.)  00  00  000  000   | e completing d attach a cc  1 2 2 3 4 mount from t er amount fre 5 to Sched in the approx i Mental H j Neighbor k Alabama Bi  | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 | will you 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Nor All  | 190 DO  OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, Ine 5 below) will equal worksheet eart 5, line 21.  923 00  00 00                     |
| CH<br>1<br>2<br>3<br>4<br>5<br>CH<br>1<br>a<br>b<br>c<br>d<br>e                                       | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geor Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, pagic CREDIT ALLOWABLE. Enter the amoinstructions, whichever is smallest. If page 1, line 19, If you have other creand complete.  EDULE DC — Donation Check You may donate all or part of your ov Senior Services Trust Fund.  Alabama Arts Development Fund.  Alabama Nongame Wildlife Fund.  Child Abuse Trust Fund.   | sheet in the instructions before return with the other state and return.  (name of state)  In a tax rates.  Ithat state's return or Form W-2  e 1, line 18.  Dount from line 2, 3, 4, or the anyou have no other credits, enter the amount from line.  Offs  erpayment. (Enter the amount from line.)  00  00  000  000  000  000  | e completing d attach a cc  1  2  2  2  3  4  mount from t er amount from t e 5 to Sched  in the approx  i Mental H  j Neighbor  k Alabama B  I Alabama   | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will you 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Nor All  | 190 DO  OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, Ine 5 below) will equal worksheet eart 5, line 21.  923 00  00 00                     |
| CH<br>1<br>2<br>3<br>4<br>5<br>6CH<br>1<br>a<br>b<br>c<br>d<br>e<br>f                                 | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geor Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, page CREDIT ALLOWABLE. Enter the amount instructions, whichever is smallest. If page 1, line 19, If you have other credit and complete.  EDULE DC — Donation Check You may donate all or part of your ov Senior Services Trust Fund.  Alabama Arts Development Fund.  Alabama Nongame Wildlife Fund.  Chilo Abuse Trust Fund.  Alabama Veterans Program.  Alabama Indian Children's Scholarship Fund.  | sheet in the instructions before return with the other state and gia state return.  (name of state) ha tax rates. that state's return or Form W-2 e 1, line 18.  Dount from line 2, 3, 4, or the anyou have no other credits, enter the amount from line.  Offs  erpayment. (Enter the amount from line of the control of the con | e completing d attach a cc  2 2 2 3 4 mount from t er amount from t e 5 to Sched in the approximate Mental H j Neighbor k Alabama Bi l Alabama Bi l Alabama Bi  | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will you 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | Ner A    | 190 DO  OT be allowed unless labama return.  If more than one 'other' state uses Schedule CR worksheet, If using the worksheet, Ine 5 below) will equal worksheet vart 5, line 21.  923 00  00 00 00 00 00            |
| CCH<br>See I<br>1 2 3 4 5 6 C H<br>1 a b c d e f g  | IEDULE CR — Credit for Taxes instructions.  ISE You may need to fill out the work you file a nonresident income tax 2006 taxable income as snown on the Geor Tax due the other state using Alabam Tax due the other state as shown on Tax due Alabama from Form 40, pagic CREDIT ALLOWABLE. Enter the amoinstructions, whichever is smallest. If page 1, line 19, If you have other creand complete.  EDULE DC — Donation Check You may donate all or part of your ov Senior Services Trust Fund.  Alabama Arts Development Fund.  Alabama Nongame Wildlife Fund.  Child Abuse Trust Fund.   | sheet in the instructions before return with the other state and gia state return.  (name of state) ha tax rates. that state's return or Form W-2 e 1, line 18.  Dount from line 2, 3, 4, or the anyou have no other credits, enter the amount from line.  Offs  erpayment. (Enter the amount from line of the control of the con | e completing d attach a cc  2 2 3 4 mount from t er amount from t e 5 to Sched in the approximate Mental H j Neighbor k Alabama B I Alabama B I Alabama B I Alabama On Alabama Na   | this schedule. This creditary of that 2006 return to 24, 483 C 1, 183 C 1, 207 C 923 C 1, 207 | will you of one of the original of the origina | Ner A    | 190 00  OT be allowed unless tabama return.  If more than one 'other' state uses Schedule CR worksheet. If using the worksheet, ine 5 below) will equal worksheet art 5, line 21.  923 00  00  00  00  00  00  00  00 |

ALABAMA DEPARTMENT OF REVENUE

SCHEDULES
Case 3:07-08-202617-MHT-TFM

Document 114-3 Scheduls 107/2Net Profit ard 1985 of 832006 (Schedule E is on page 2)

(FORM 40)

ATTACH TO FORM 40 - SEE INSTRUCTIONS FOR SCHEDULES D AND E

Name(s) as shown on Form 40 MICHAEL S SMITH Your social security number

## Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

| (a)<br>Kind of<br>Property | (b)<br>Date<br>Acquired | (c)<br>Date<br>Sold | (d)<br>Amount<br>Received | (e) Depreciation Allowable Since Acquisition | (f)<br>Cost or<br>Other Basis | (g)<br>Subsequent<br>Improvements | (h)<br>Net Prolit or (Los<br>(Columns d and e l<br>Columns f and g | s)<br>ess |
|----------------------------|-------------------------|---------------------|---------------------------|--|-------------------------------|-----------------------------------|--|-----------|
| .663 Shs Wal               | mart                    |                     |                           |  |                               |                                   | John J. W. C.  | T         |
|                            | Various                 | 3/13/06             | 30                        |  | 33                            |                                   |  | 0         |
| Flowers Rout               |                         |                     | -                         |  |                               |                                   |  |           |
|                            | 8/02/03                 | 12/02/06            | 46,560                    | 10,851                                       | 48,840                        | 2,528                             | 6,043  | 0         |
|                            |                         |                     |                           |  |                               |                                   |  | 01        |
|                            |                         |                     |                           |  |                               | •                                 |  | 01        |
|                            |                         |                     |                           |  |                               |                                   |  | 1         |
|                            |                         |                     |                           |  |                               | A 18 A                            |  | 00        |
|                            |                         |                     |                           |  |                               |                                   | <u> </u>   | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | Qξ        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  |           |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            | <u> </u>                |                     |                           |  |                               |                                   |  | ac        |
|                            |                         |                     |                           |  |                               |                                   | i  | 00        |
|                            |                         |                     |                           |  | . ;                           |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  |           |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     |                           |  |                               |                                   |  | 00        |
|                            |                         |                     | L                         | <u></u> L                                    | 1                             |                                   |  |           |
| 1 TOTAL NET PE             | ROFIT OR (LOS           | S). Enter here ar   | nd on Form 40,            | page 2, Part I, line                         | e 3                           | 🟲 1                               | 6,040<br>hedule D (Form 40) 2                                      |           |

|   |  |   | , or 1941. Page instructions for achequie C (For  |                        | vence No. U9                           |
|---|--|---|---|------------------------|--|
|   | Case MICHAEL S SMITH   | FM Documer  | nt 114-3 Filed 05/07/2008   | Page 65 of             | (83)                                   |
|   | A Principal business or profession, including  |   | uctions)  | B Enter code from in   | structions                             |
|   | BREAD SALESMAN   |   |   | <b>►</b> 722300        |  |
|   | C Business name. If no separate business   | name, leave blank,                                  |   | D Employer ID numb     | er (EIN), if any                       |
|   | FLOWERS BAKING BREA  | AD ROUTE  |   |                        |  |
|   | E Business address (including suite or rook<br>City, town or post office, state, and ZFP of                    | m no.)  |   |                        |  |
|   | F Accounting method: (1)   | X Cash (2) Acc                                      | crual (3) Other (specify)   |                        |  |
| • |  |   | business during 2006? If 'No, see instruction   | s for limit on losses. | X Yes                                  |
|   |  |   | check here  |                        |  |
|   | Part I Income  |   |   |                        | ······································ |
|   | 1 Gross receipts or sales, Cautio<br>'Statutory employee' box on th  | on. If this income was relat form was checked.      | reported to you on Form W-2 and the see the instructions and check here   | ► X 1                  | 67,74                                  |
|   |  |   |   |                        |  |
|   |  |   |   |                        | 67,74                                  |
|   |  |   |   | -                      |  |
|   |  |   |   |                        |  |
|   | 5 Gross profit. Subtract line 4 from   | om line 3   |   | 5                      | 67,74                                  |
|   |  |   | fuel tax credit or refund   |                        |  |
|   |  | , , <b>,</b> ,                                      |   |                        | · · · · · · · · · · · · · · · · · · ·  |
|   | 7 Gross income. Add lines 5 and  | d 6   |   | > 7                    | 67,74                                  |
|   |  |   | se of your home only on line 30.  |                        |  |
|   | 8 Advertising.   |   | 18 Office expense   | 18                     | 12                                     |
|   | -  |   | 19 Pension and profit-sharing plans   |                        |  |
|   | 9 Car and truck expenses (see instructions)  | . 9 18  | , 153. 20 Rent or lease (see instructions):   | <del></del>            |  |
|   | 10 Commissions and fees  |   | a Vehicles, machinery, and equip  | 1 1                    | 6,62                                   |
|   |  |   | b Other business property   |                        | 1,27                                   |
|   | 11 Contract labor (see instructions)   | . 11  | 21 Repairs and maintenance  |                        |  |
|   | <b>12</b> Depletion  |   | 22 Supplies (not included in Part III   | <del></del>            | 3,02                                   |
|   | 13 Depreciation and section  |   | 23 Taxes and licenses   | ·                      |  |
|   | 179 expense deduction  |   | 24 Travel, meals, and entertainmen  |                        |  |
|   | (not included in Part III)<br>(see instructions)   | 13  | a Travel  | 1 1                    |  |
|   |  |   |   |                        |  |
|   | 14 Employee benefit programs (other than on line 19)   | . 14  | <b>b</b> Deductible meals and entertainn  | nent 24b               |  |
|   | 15 Insurance (other than health)   |   | , 081. 25 Utilities   |                        |  |
|   | 16 Interest:   |   | 26 Wages (less employment credits   |                        |  |
|   | a Mortgage (paid to banks, etc)  | . 16a   | 27 Other expenses (from line 48 on page 2).   |                        | 5,03                                   |
|   | <b>b</b> Other   |   | 523.  |                        |  |
|   | 17 Legal & professional services .   |   |   |                        |  |
|   |  |   | iome. Add lines 8 through 27 in columns   | ▶ 28                   | 40,83                                  |
|   |  |   | • • •   |                        |  |
|   | 29 Tentative profit (loss). Subtract   | line 28 from line 7                                 | ****************  | 29                     | 26,90                                  |
|   |  |   | n 8829  |                        | ·                                      |
|   | 31 Net profit or (loss). Subtract fin  |   |   |                        |  |
|   | <ul> <li>It a profit, enter on both Form<br/>1040NR, line 13 (statutory empl<br/>Form 1041, kine 3.</li> </ul> | n 1040, line 12, and Sc<br>loyees, see instructions | hedule SE, line 2 or on Form  i). Estates and trusts, enter on  |                        | 26.00                                  |
|   | • If a loss, you must go to line   | 32  |   | . 31                   | 26,90                                  |
|   | ,  |   | munochmont in this policies (see sentence)  |                        |  |
|   | • If you checked 32a, enter the  | loss on both Form 10                                | nvestment in this activity (see instructions).  40, line 12, and Schedule SE, line 2, or on For states and trusts, enter on Form 1041, in |                        | l investment i<br>risk.                |
|   |  |   |   |                        |  |
|   | <ul> <li>If you checked 32b, you mus</li> </ul>  | t attach Form 6198. Yo                              | ur loss may be I miled.   |                        | ome investme<br>not at risk.           |
|   | BAA For Paperwork Reduction Act  |   |   |                        | Form (C40) 2                           |

| was there any change in determining quantities, costs, or valuations between opening and closing inventors at 1.67-cv-00617-MHT-TFM   | Page      | 66 of 83 No                   |
|---|-----------|-------------------------------|
| attach explanation  | . 35      |                               |
| 36 Purchases less cost of items withdrawn for personal use  | 36        |                               |
| 37 Cost of labor. Do not include any amounts paid to yourself   | 37        |                               |
| 38 Materials and supplies   | . 38      |                               |
| 39 Other costs  | 39        |                               |
| <b>40</b> Add lines 35 through 39   | 40        |                               |
| 41 Inventory at end of year.  | 41        |                               |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4   | 42        |                               |
| Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck experienced to file Form 4562 for this business. See the instructions for line 13 to find out if you must |           | line 9 and are not<br>m 4562. |
| 43 When did you place your vehicle in service for business purposes? (month, day, year)   |           |                               |
| 44 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your   | vehicle   | for:                          |
| a Business b Commuting (see instructions) cOth  | er        | , <del></del>                 |
| 45 Do you (or your spouse) have another vehicle available for personal use?   |           |                               |
| 47 a Do you have evidence to support your deduction?  |           | Yes No                        |
| b If 'Yes,' is the evidence written?  |           | Yes No                        |
| Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.  |           |                               |
| Accounting  |           | 898.                          |
| Amortization  | <u> </u>  | 2,985.                        |
| Miscellaneous   | ·         | 46.                           |
| Telephone   |           | 936.                          |
| Uniforms  | ·         | 169.                          |
|   | . — — — . |                               |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~   |           |                               |
|   |           |                               |
|   |           |                               |
| 48 Total other expenses. Enter here and on page 1, line 27.   | 48        | 5,034.                        |

**ZUU**b Page I Alabama Worksheets Document 114-3 Filed 05/07/2008 Case 3:07-cv-00617-MHT-TFM Page 67 of 83 4/03/07 07:36PM IRA Deduction Worksheet (Form 40, Part II, Line 1) Taxpayer Were you covered by a retirement plan? YES (for either if MFJ). Go to line 2. No NO (for both if MFJ). Skip lines 2-6. Enter \$4,000 (or \$5,000 if age 50 or older) on line 7. Then go to line 8. 2. Enter the threshold for your filing status. Enter total income (before adjustments).
 Add adjustments to income (other than the IRA deduction). the IRA deduction).

5. Subtract line 4 from line 3 (not < 0).

6. Subtract line 5 from line 2 (not < 0).

7. Multiply line 6 by 40% (or by 50% if age 50 or over). Round up to the next multiple of \$10. If the result is more than zero and less than \$200, enter \$200. If the result is more than \$4,000 (or \$5,000 if age 50 or older), enter \$4,000 (or \$5,000).

8. Wages alimony and nontarable combat nay 4.000. 8. Wages, alimony, and nontaxable combat pay 0. 9. Self-employed earned income minus the one-half of self-employment tax adjustment and the self-employed retirement plan adjustment.

10. Total earned income (add lines 8 and 9) 26,905. 26,905. Deductible IRA Contributions: 11. Enter IRA contributions you made, or will make by April 16, 2007, for 2006. 500. 12. Enter the smallest of line 7, 10 or 11. This is the most you can deduct on Form 40, Part II, line 1. 500. Nondeductible IRA Contributions: 13. Subtract line 12 from the smaller of line 10 or line 11. Enter the part you choose to make nondeductible on Form 8606, line 1. 0.

| Cas | <b>a</b> 3:07                      | '-cv-           | 00617-N                             | ИНТ-ТЕ                                  | M I                 | ]<br>Docur         | ment               | 114-                     | 3                        | F                       | iled                     | 05/07/2008 | Page 68 of 83 |
|-----|------------------------------------|-----------------|-------------------------------------|---|---------------------|--------------------|--------------------|--------------------------|--------------------------|-------------------------|--------------------------|------------|---------------|
|     |                                    |                 | eji.                                |   | 2                   |                    |                    |                          |                          |                         |                          |            |               |
|     |                                    |                 | Method 1 ife                        |   | S/L                 |                    |                    |                          |                          |                         |                          |            |               |
|     |                                    |                 | Prior .                             |   | 7,866               | 7,866              | 0                  | 998'/                    | 7,866                    | 0                       | 0                        | ,          |               |
|     |                                    |                 | Depr.<br>Basis                      |   | 48,840              | 48,840             | 0                  | 48,840                   | 48,840                   | 0                       | 0                        |            |               |
|     | edule                              |                 | Saívage<br>/Basis<br>Reducto        |   |                     |                    | 0                  | 0                        | 0                        | 0                       | 0                        |            |               |
|     | Sch                                |                 | Prior<br>Dec. 8al.<br>Depr          |   |                     | 0                  | 0                  | 0                        | 0                        | 0                       | 0                        |            |               |
|     | 2006 Alabama Depreciation Schedule | SMITH           | Prior<br>179/<br>Bonus/<br>So. Deor |   |                     | 0                  | 0                  | 0                        | 0                        | 0                       | 0                        |            |               |
|     | Depre                              | MICHAEL S SMITH | Special<br>Depr.<br>Allow           |   |                     | 0                  | 0                  | 0                        | 0                        | 0                       | 0                        |            |               |
|     | эаша                               | M               | Cur<br>179<br>Bonus                 |   |                     | ٥                  | 0                  | 0                        | <b>-</b>                 | 0                       | 0                        |            |               |
|     | Alak                               |                 | 98.<br>F. F.                        |   | ,                   |                    |                    |                          |                          |                         |                          |            |               |
|     | 2006                               |                 | Cost/<br>Basis                      |   | 48,840              | 48,840             | 0                  | 48,840                   | 48,840                   | 0                       | 0                        |            |               |
|     |                                    |                 | Date<br>Sold                        |   | 12/02/06            |                    |                    |                          |                          |                         |                          |            |               |
|     |                                    |                 | Date<br>Acquired                    | UTE                                     | 8/05/03             |                    |                    |                          |                          |                         |                          |            |               |
|     | 12/31/06                           |                 | 4/03/07 No. Description             | Schedure C - FLOWERS BAKING BREAD ROUTE | Flowers Route #2100 | Total Amortization | Total Depreciation | Grand Total Amorlization | Amortization Assets Sold | Arrart Remaining Assets | Grand Total Depreciation |            |               |

Cassedrigia Form 5000 (Revision) - TFM Document 114-3
Individual Income Tax Return
Georgia Department of Revenue
2006 (Approved software version) Filed 05/07/2008 Page 69 of 83

Itemized Deductions (Scriedule A-Form 1040)

12 a

|  | Check it you DO NOT want   | a booklet next year  |   |
|--|--|--|---|
| EL EXT   |  |  |   |
| Fiscal Year Beginning  | Fiscal Year Ending   | Maria Caralat Caran the Mountain   | OFFICE OF THE COLUMN  |
| 1 Your First Name<br>MICHAEL   | Initial<br>C   | Your Social Security Number  | DEPARTMENT USE CNL  |
|  | S .  | n. Jan   | İ   |
| Your Last Name   | S  | Stiffix  |   |
| SMITH  |  |  |   |
| Spouse's First Name  | Initial  | Spouse's Social Security Number  |   |
| Spouse's Last Name   | s  | Sutfix   |   |
| 2 Address (Check if Address has address line for Apt, Suite, Unit  | Changed) (Use 2nd<br>or Bidg number)   |  | <u> </u>  |
|  |  |  | GAIA0112L 12/12   |
| 3 City LAFAYETTE   | Sta  | ate AL Zip Code 36862  |   |
| Country (if Foreign)   |  |  | Reside<br>Statu   |
| • • • •  | h the appropriate number   |  |   |
| 1 Full-Year Resident 2 Part-Ye   |  |  | onresident  |
|  |  | and use Schedule 3 of Form 500, page 4   | Fil<br>Sta  |
|  |  | s used on your Federal Return)   |   |
|  |  | a dacu on your rederer notary  |   |
| A Single   | •  | Spouse's social security number must be enter  |   |
|  | •  | Spouse's social security number must be enter  |   |
| A Single B Married filing joint  Number of exemptions (Check appr  | C Married filing separate (  | Spouse's social security number must be entended in the security number must be entend |   |
| A Single B Married filing joint  Number of exemptions (Check application Dependents (If you have more if First Name  | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  | Spouse's social security number must be entertualitying Widow(er)  .) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN  | ered above)  6c 1  Relationship to You  PARENT                    |
| A Single B Married filing joint  Number of exemptions (Check applications) Dependents (If you have more if First Name  7 a Number of Dependents (DO NO)  | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  C include yourself or your spouse).   | Spouse's social security number must be entended in the security number must be entend | ered above)  6c 1  Relationship to You  PARENT                    |
| A Single B Married filing joint  Number of exemptions (Check applications) Dependents (If you have more if First Name  7 a Number of Dependents (DO NOT b Add Lines 6c and 7a. Enter total   | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  | Spouse's social security number must be entertualitying Widow(er)  .) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN  | ered above)  6c 1  Relationship to You  PARENT                    |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  7 a Number of Dependents (DO NOT b Add Lines 6c and 7a. Enter total  Federal adjusted gross income (IDO not use FEDERAL TAXABLE  | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  I include yourself or your spouse).  From Federal Form 1040, 1040A or   | Spouse's social security number must be entertualitying Widow(er)  .) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN  | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  7 a Number of Dependents (DO NOTE of DEPENDENT) (DO NOTE of Dependents (DO NOTE of Dep | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  Finclude yourself or your spouse).  From Federal Form 1040, 1040A or E INCOME) Of or more, or your gross income if 2. Do not enclose other Federal S see instructions)  | Spouse's social security number must be enterestable and substitution with the enterestable with the enteresta | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of DEPENDENT) (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Depen | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  Finclude yourself or your spouse).  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income is 2. Do not enclose other Federal S ee instructions)   | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ)***  ** 8  ** Is less than your W-2s, you must enclose a concept of the security of the securi    | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of DEPENDENT) (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Depen | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  Finclude yourself or your spouse).  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income is 2. Do not enclose other Federal S ee instructions)   | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ)***  ** 8  ** Is less than your W-2s, you must enclose a concept of the security of the securi    | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of DEPENDENT) (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Depen | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  I include yourself or your spouse).  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income in 2. Do not enclose other Federal S ee instructions)  Net total of Line 8 and Line 9) FEDERAL STANDARD DEDUCTIO Spouse: 65 or over?                 | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ).**  ** 8  ** sess than your W-2s, you must enclose a conscient of the second of th | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE OF DO NOTE OF DO NO | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income is 2. Do not enclose other Federal S ee instructions) Net total of Line 8 and Line 9) FEDERAL STANDARD DEDUCTIO Spouse: 65 or over?   | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ).**  ** 8  ** sess than your W-2s, you must enclose a conscious of the security o | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE OF DO NOTE OF DO NO | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income is 2. Do not enclose other Federal S ee instructions) Net total of Line 8 and Line 9) FEDERAL STANDARD DEDUCTIO Spouse: 65 or over?   | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ).**  ** 8  ** sess than your W-2s, you must enclose a conscient of the second of th | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |
| A Single B Married filing joint  Number of exemptions (Check appropriate of Dependents (If you have more if First Name  A Number of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents (DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE of Dependents of DO NOTE OF DO NOTE OF  | C Married filing separate ( D Head of Household or Q ropriate box(es) and enter total in 6c. han 3 dependents, attach a list of a Last Name  Finclude yourself or your spouse).  From Federal Form 1040, 1040A or E INCOME) 00 or more, or your gross income is 2. Do not enclose other Federal S ee instructions) Net total of Line 8 and Line 9) FEDERAL STANDARD DEDUCTIO Spouse: 65 or over?  BITA + Line 11b) | Spouse's social security number must be enterestable and sualitying Widow(er)  ) 6a Yourself X 6b Spouse additional dependents)  Dependent's SSN   ** 1040EZ).**  ** 8  ** sess than your W-2s, you must enclose a conscious of the security o | ered above)  6c 1  Relationship to You  PARENT  7a 1  b 2  32591. |

Less: see instructions for Line 12

12b

..... ▶ 12c

Case 3:0 Georgia Form 500 TTFM Georgia Department of Revenue



Page 70 of 83

2006 Your Social Security Number 13 Subtract either Line 11c or Line 12c from Line 10; enter balance ...... ▶ 13 14a Number on Line 6c. multiplied by \$2,700 14a 14b Number on Line 7a multiplied by \$3,000 14b 24483. 15 Georgia taxable income (Line 13 less Line 14c or Schedule 3, Line 14) . . . . . . . ► 15 1207. 16 Tax (Use Tax Table in the instructions). 17 Credits from Schedule 2, Page 3, Line 7 (Enter total but not more than the amount on Line 16). 1207. 20 Estimated Tax for 2006 and Form IT-560...... 20 2120. 21 Low Income Credit (see instructions) 21a > 21b. ► 2120. 24 If Line 18 exceeds Line 23 enter BALANCE DUE STATE ..... > 24 913. 26 Amount to be credited to 2007 ESTIMATED TAX. Georgia Wildlife Conservation Fund (No gift of less than \$1.00)..... > 27 Georgia Children and Elderly Fund (No gift of less than \$1.00)..... ▶ 28 Georgia Cancer Research Fund (No gift of less than \$1.00). 37 Georgia National Guard Foundation (No gift of less than \$1.00)..... > 31 (If you owe) Add Lines 24, and Lines 27 thru 33, THIS IS THE AMOUNT YOU OWE. > 34 Sign below and mail 525-TV with return and payment to: Georgia Department of Revenue, Processing Center, PO Box 105613, Atlanta, Georgia, 30348-5613. DO NOT STAPLE YOUR CHECK, W-2'S OR TAX RETURN. 35 (If you are due a refund) Subtract the sum of Lines 26 thru Line 33 from Line 25 913. Sign below and mail return to: Georgia Department of Revenue, Processing Center, PO Box 105597, Atlanta, Georgia, 30348-5597. DO NOT STAPLE YOUR W-2'S NOR TAX RETURN. Georgia Public Reverue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia. Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge. Taxpayer's Signature (Check box if deceased Check the box Daytime Phone Number the Georgia Department of discuss the tax return with Spouse's Signature (Check box if deceased Date preparer. Alexander Walton PC ALEXANDER WALTON Name of Preparer if other than taxpayer Preparer's FEIN Prepared's SSN/PTIN ALEXANDER WALTON Signature of Preparer

Page 71 of 83

Your Social Security Number

## SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS Income earned in another state as a Georgia resident is taxable but other state(s) tax credit may apply. See instructions.

## DO NOT USE LINES 9 THRU 14 OF PAGES 1 AND 2, FORM 500

|    |   | Federal Income after<br>Georgia Adjustments | Income not Taxable to Georgia | Georgia Income       |
|----|---|---|-------------------------------|----------------------|
|    |   | COLUMN A                                    | COLUMN B                      | COLUMN C             |
| IC | OME   |   |                               |                      |
| 1  | Wages, Salaries, Tips, etc  |   |                               |                      |
| 2  | Interest and Dividends  |   | 190.                          |                      |
| 3  | Business Income or (Loss)   | 26905.                                      |                               | 26905                |
| 4  | Other Income or (Loss)  | 6040.                                       | -3.                           | 6043                 |
| 5  | Total Income: Total Lines 1 thru 4  | 33135.                                      | 187.                          | 32948                |
| LC | USTMENTS TO INCOME  | •   |                               |                      |
| 6  | Total adjustment from Federal Form 1040   | 544.  | 44.                           | 500                  |
| 7  | Total adjustment from Form 500,<br>Schedule 1, Page 3                           |   |                               |                      |
| 3  | Adjusted Gross Income: Line 5 plus or minus Lines 6 and 7                       | 32591.                                      | 143.                          | 32448                |
| 9  | RATIO: Divide Line 8, Column C by Line 8, Column A. Enter percentage            |   | 99.56                         | % Not to exceed 100% |
| Q  | Itemized or Standard Deduction (See instructions                                | 5)  | 2300                          |                      |
| 1  | Personal Exemption from Form 500, F   | Page 1 (See instructions)                   |                               |                      |
|    |   | nultiplied by \$2,700                       | 2700                          |                      |
|    | -   | multiplied by \$3,000                       | 3000                          |                      |
|    | 11 c Add lines 11a and 11b. Enter total   |   | 5700.                         |                      |
| 2  | Total Deductions and Exemptions:<br>Add Lines 10 and 11c                        |   | 8000.                         | ·                    |
| 3  | Multiply Line 12 by Ratio on Line 9 and   | d enter result                              |                               | 7965.                |
| 1  | Georgia Taxable Income: Subtract Line<br>Enter here and on Line 15, Page 2 of F | e 13 from Line 8, Column C                  | ·                             | 24483.               |

List the state(s) in which the income in Column B was earned and/or to which it was reported 1 ALABAMA

2

3

Farmers & Merchants Bank

Payer's Fed I.D. No.

OMB No.
Interest Income
Form 1099-INT
Copy B
For Recipient
For year 2006

MICHAEL SMITH

URFRIBLIS AL JUDOS

been reported.

(Keep for your records.)

Recipient's Tax I.D. No.

Interest Interest on U.S. Federal Tax

| Account Information  |                           |                            |            | Withheld |
|--|---------------------------|----------------------------|------------|----------|
| *  |                           | *                          | * *        |          |
| SAV  | 15.24                     |                            |            |          |
| CD   | 172.16                    |                            |            |          |
|  |                           |                            |            |          |
| BOX 1 Interest Income  |                           |                            |            | 187.40   |
| BOX 2 Early withdrawal penalty   |                           |                            |            | 43.53    |
| BOX 3 Interest on U.S. Savings   | Bonds and                 | Treas. obli                | gations    |          |
| BOX 4 Federal income tax withh   | eld                       |                            |            |          |
| BOX 5 Investment expenses  |                           |                            |            |          |
| BOX 6 Foreign Tax paid   |                           |                            |            |          |
| BOX 7 Foreign country or U.S.  | Fossession                |                            |            |          |
| BOX B Tax-exempt Interest  |                           |                            |            |          |
| BOX 9 Specified private activit  | ty bond int               | erest                      |            |          |
| This is important tax informat:<br>Internal Revenue Service. If y<br>a negligence penalty or other | ion and is<br>you are req | being furni<br>uired to fi | ished to t | rn,      |

this income is taxable and the IRS determines that it has not

ITA COMBIQUION INCOMISSION

#### Note: If you postponed making a convinciation to your IPA in certain religionarily Case Bio Control of the Control of t

The chromes, or our Four 5423 is suppressed to the Internal Hevenus Service by the busted of Issuer or your individual reference I an organized IRAC to report providing times are during any earth op contributions and the fair market with oil the account. For internation about IPAs is see Publ 590, Individual Retirement. Amongements (IRAs), and Publ 580. Retirement Place for Sinck Richness (SEP SIMPLE OF OUR BAN Plans

Account number, May answ an account or other unique number the payer assigned to distinguish your a courr

Box 1. Shows traditions IRA continuations for 2000 may make in 2005 and through April 16, 2007, These contributes in my the first citible on your form 1946 to 1640A. Formout if you on your spot to was an active pur important. on employers general value transparent bullion, may and on deduction. The best does not include amounts in power in a city-10

Box 2. Shows any exhause including a calculation to a transferred PIA or Roma IRA, -cu made in 2936 is core for these try transmits could noted from your transmal IRA SEP IPA or SIMPL\_IHATO LIFET IRA Truy are indeed in box 3. See the light that is "C4BA) introctions for rolomation or those to report to the same throughout made any number to the same trade or between the year trade on a BVs or SEP Missiona yield did not reflever the total distribution like Form 8606 Nondeductible Higs, in ligare the language in contribution perty was referrance, see Pub 590.

Box 3. Shows the property converted from 4 main one that SPP IRA or SIMPLE IRA to a Remainant 1986. Log Form 8006 to figure the taxable surcord

Box 4. Shows amounts racharacter and non-maintening any rich of the contributor (plus pararray from one type of IRA to another See Pub. 590

Box 5. Shows the trail market value of your account at over end in owners if a consider is name to shown, "he amount inported may be the ANY on the calle of ocain in the FMC shown is two to what when the execute or us importator of the extrate may request a dam-of-dearn to be treat the many relative than

Box 8. For endowment contracts only afrows the in dust attorable to the cost of the assinance. Subtractions amount from your aboveable, PA contribution included in this information, your RA dediction.

Box 7. May 4 out the kind of IRA reported on this form \$488.

Box 8, Shows SER commount in superior 2005 with bury constitutions made in 2005 in 2005 but not including controlling to a 2007 to 2008 it made by your employed do not disker no you weare the return it you made the contributions as a set-employed province perturbs they may be documbed. See

Box 9. Shows SIMPLE Lore betters made in 2016, theretails, some on placer do not decisia na year econe tox, crum i you made the combitor cas as a soli catalloved person or named one, may be securitale. Sec Pub. 560 Box 18. Shows for a HA craninbullors so image in 2004 and Indough April In 2007 Do not deduction your rights a refun-

Box 11 The type is therefore print has laise a pigned myore or distribution IRMDI to 2007 An IPMU may be written even in the law is not all edied. The amount, in title, to compute the amount and called the NPO will be knowled to you by January at earlier (in Fernit 5488 in the blank box to the left of box 10. in a reputate statement in you do not rake the DMC on 2007. You will also still 10.2 billing each so you true the previous and distribution. See Pub. 590 for details.

#### 1099-INT OMB No. 1545-9112 Interest Income

Account number stay grow an wallast is the unique comberne pover sandant to circulars at fore occuru.

Box 1. Shows toxable interest paid to you thereous an interest was the the opera-The does not make the internal shown in box 3 Nay also show the role also and inof the credits from clean renewable end ju bonds and Gulf bands that must be included in vital interest income. These amounts were included as pout to vital. during 2004 on the result allowance dates (March 12, auto 15, September 15 and December 15) For note information, San From 8912 Count Tensional Cherum Borro and Guill Bond Crock

Box 2. Shows interest or principal rentated because of many withdraws in time exhilds. All was discreture sulone, to come for so rated blaze in ca your income tax return. See the instruction to for Form, 040 to see where to take

Box 3. Shows interestion J.G. Decays Bonds, Thistory bird, Traditing bonds, and Telesory edge. This may or may not be all talkable, one Pub. 550 interestions. recome and experieus. This is the sit is exempt from state and local income taxes. This interest is not not upon to the file.

Box 4. States but our vertitioning licensisting properties and kills as allebras a 20% rate 1 y mile and lemish you taiphwor cen nicarion nation. This is you did not termish the particulation in payors. See Form Wild Housest for carpayer identification Number and Certification is a university of tracking withholding. include this amount on your income too return as tax withheld

Box S. Any amount shown is your share of investment expenses in a single class. HEMIL If you tile Figure 1046, you may deduct these excenses on the Other expenses. Fire of Schedule Aliforn. "In-Dissiplied to the 2% firms. This property

Box 6. Shows foreign have paid informing the little to higher this tax as a deception. or winnerst anyways Form 104C. See your Form 1040 is structure is

Box & Shows tunioxemps interest impuriting exercise with est disidends from a multiple of the most reculated investment names past to youth only the catencar year built is played. Report this arriculation, the 85 of Form 1040 or Francisco 104EA This aricum may be cultien to thinking withfolding. See box 4

Box 9. Shows ray-exercise it invest subject to the differentive minimum ray. This amount is included in box 3. See the tests in mine for Form 8251. Alternative

Nominees, if this form included amounts the ondere to another personic, you are considered a number set pion. Complete a Form 1099-INT for each of the are consequent in the inner set pro is do up to each file Copy A of the form outer white's proving the habit a accuracy to care the copy, A or the form with the IRS Funish Copy Bit to each power that yourset as the Teach and the other ownershy as the Teach pinn. Fig. Form(a) 10R4-INT with Form 1085 Annual Summary and Pransmitte of 13.5 information Reference with the Internal Revenue. Service Canto for your area On Form 1096 of yourself as the initial "A husband or wife is into required to file a nominee return to show amounts owned ler if a other

#### Sections 329 and 5305

Account number. Manathese at a result in After a some nice that the payer has Dactiment: 114-3. ... Filed 05/07 this year from a clearly or funding many switches 520 for a Coverder ESA isoction

530). This amount is the fort of the smounts shown in Nex 7 or others.). See Caution: For Collegean ESE in this en electric than earness or excess יישוניי כי ושיינקים לווי בי אפונים ווישונים או אילה מריים ביישור ליישור בי אוויביי ביישור ליישור ביי arms only in proper Times is freshall the paymob lated may capacitize for market

voice of the Coverdance has an imperior of 1900m or the source for before Train 5 and 6 it Name and earthful and began use the Covertient ESA - Taxable Distributions and Day's economic in Pub 970 Box 2. Shows the cornings pad of the gross Lishtlehoth shown in the 1. Designation

arrounds discussed are incurred in incommunity so him, are used to pay or qualitative ration are per seen trainer and tests are replaced to relied upon to another qualities educin on page in water in house. They are not called a united at months or the Other recommendation of the recommendation of the recommendation.

funder a bundle of factor is out on the property may be used whether increased complete the second of the sec Althousepool to the high property and the point against the discounted an artifact to the property to property the property and the property to the property t

Order a Consoliet Citie, the control in the employees discourse times has occhia chango in the designator behalf de rent die 1997 intrigiation transitioner i una NAME TRANSPORT REPORT AND COME OF THE PROCESS OF PROPERTY AND A TEMPORES. '1247s.

Area, an epolitional law text has above to be for it in the experience in lame to termine Coverdot ESA c. authorid turion program, Side Form 5029 Acquirer 1 less on Couleber Paris des une et IRAN and Other Tax Frederic Property with a ode malarman increasing entropy and along the entropy

Tark of their Esteballian is about their compression of their not recovered your contributions you was to a constitution one CE on any observable. Utilis paranges, the or Schedule A (Form 1840), then see

Box 3. Shown and place of a case cost or first epoched in box 4.

Box 4. This exist it is well specificans to be amount in box 1 normals aducation program to another equipment program is to the later from other hands However minimize may not not have by althor in sterious made increa Coverself.

**Dox** 5 throws whether the proposition has a wishfrom a qualified fundamentary probability of the value even takes.

Distribution cones, the food of the control for may be not required to report the particular access on each section are access to complete the distribution you receive the term of any matter the section 2 - for excess. on the board and opening mode of 100th B—Excess commission of the earlying trade in the commission of the early says.

#### 5498-ESA OMB No. 1545-1815 Coverdell ESA Contribution Information

The efformation on Front Subalitizaria structured to you had the fruit sent restaurif your Coveriant environ on six not octourn EBA- to April 51, 2007, from 5450 4.SA record too, not only a material new borders made to less for 2000. For more into inches 1000 in the cell CSAs (see Pub. 970. Tel Raiefels 15" Ecuration

Account number, May show in autoint programmable cumble the tracted sever assigned to distinguish you can

Box 1. So was Consuled ESA facts believe made in 2006 and through April to 2007 on your behalf Do not decour house in your known in one for return If the total combutions made to all to a Covered ESAs for 2006 As carted \$2.000 in the cell may be easily plus parings by flay 31, er so, may one a piece by real markeep the scale of counted ESA uses the following

Box 2. Shows and reflevor, including states in later is to make a 1905. Centerally Thy actions to have a very timm, and this logical to another Convention Left for the behalf at the national behalf any or a month of the ratio may be may be made at the particular to the particle of the particular to the particle of the p

#### 1099 R OMB No. 1545-0119 Distributions From Pensions, Annumes, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, Etc.

What's new, U simplify is homited increased morn according to the control asset on a section 1,000, plan interestable or 1,000, 1000-11,000-11,000 plan in reportable or 1,000 miles (1,000 miles (2,000

Suncestly destinations from principles whiteless staffs strike dural television of durant misses staffs and principles and principles and the second of the

Qualified plans, 1 your excess starting date is after 1991, so a mild the time simplified memod to rigure your tax row where I if was putter it direct at ow the texaple serviced in their 24. See Publ. 575.

IRAs. For distributions from a traditional resident information internet and internet information IRAS To destruction from a technical resistance wherevertail as a gram staffic a imposition of places personal PSHI to issuing a mediation protein plan the employees (PMPLE) generally the pages is not required to consignite the laborate amount. Therefore it is mount in the PSHI to all plans of the same in pass of the time. See they are in that are if to 44 instructions to determine the laborate amount in you are a feature of the PSHI to the protein the plans of th

Roth IRAs. For cest buttons from a Hoth teAl generally me payer is not recurred. to compute the taxable amount if our just complete and two years mention. Form 6606. An arror of stower is not Dislay, the wealth earnings on an except are exceptions to this map it which can be above in the Library bounds of See Pub. 576.

Appropriate fire fire an account of the programmer in programmer for the programmer for t

Take the mention (A. Marcallen S. ). Therebox and structure of the left for Take the mention (A. Marcallen S. ). Therebox and structure of the left for the power can both and the Form 4872, the purpose in the conference of the property of the power can both the form 4872, the purpose into resolve or remains elementary operations that all plant which is the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the limit to the period of the peri the are remarkable to

Problems one and the receive of the cash estandingness another to account to the total country of the second of the box and Lode 6.

Giffer shows in the content of the content of the best of the best of the best of the best of the best of the content of the best of the content of the best of the content of the best of the content of

If the learning of the control of the control of the Bandon PA of control 4000 control of the co

Box 26. If the text has districted the days was probe to determine the trouble amount, and box 25 should be plant. However, the maintenance TAL SEP in SMITLE the results the extension of the local distriction is procked the distribution was a rotation tribution that stoles out your actions.

Box 3, Microphysical Pulmphous consistency in proceedings and sever consistency and sever consistency and a 15 february soles the bootheast, of numerical botto powders, contact, 2 10.5 february has be about by their to receit the amount as a capitagram of Fermi 4972 contact to the internal contact to the february file Fermi 4972. Comment of notice below of the comment of the comment of

Box 4. Show, focum information, include this on your moome tax return as the withheld, and it has a shown as amount follow than pero), attach Comp. In your return, constituting on of the consequences work our trailing a photography of the constitution of the consequences of the conseque

Box 5. Generally throughout the inner on the important by contract conserves and a state of the an estate which the processing of the control to the department of the processing of the control to the processing of the control to the processing of the control to the c

this constructive production of the consequent delight out in table Box 6. Become of the consequence of the consequence of the consequence sequence of the conseq which is not raign with your or the specialist

Box 7. Performing the centre the following contracted framers the contract process of the contract pro cote, also and a intercept recrision in 20th 9—4, and to purent the ingression properties in a facility of the central properties A—5.1%, central by an intercept properties A—5.1%, central by a finite by an intercept properties and appropriate form a course destination. O—5 size as not between place partners except deterrals. Consider Annual Consideration of the Advanced From ARTA. Rin Beignard Ports in Consideration Services with the North District Consideration of the Considera funding the O. T. But IHA and botton, receptor goales.

this INA Shir States been selectly into since so a tectorical RAI SER. or SUA-11 cas day or

Problems of the property of the problems of the control of the problems of the

Box 9a in table, lede to their way, leave to enterence, one person the percentage A . C ELWINDELLES

Box 95, year able partials from a published relation industries she term and ply reach after the control of the control of control and on the months control of the control of th

Boxes (0-th - State or or a more two also windful from the distribution beyon 12 and 15 his available the part of the distribution spaced to state and/or deal tax

You are not repured to the Lorry 1919.

Application from the Year Box and Se-

W-4P, Wiff citing Certificate for Pension of Aircate Payments

Form 4972, Tax on Jump Som Cambultons Form 5329, Applicate Telesion Countries Flans died after IRAsi and Cover Tele

Form 9606 Achiceope & ell-A-

Pub. 560, Reminiment Plans for Small Business (SEP SIMPLE, and Qualified Place).

Pub 571, Tax Sheltered Acousty Plans (400) Plans

Pub. \$75. Persion and Annuals Income.

Pub. 500, heliconar Retrievent Americans in As

Pub. 721, Tax Guian to L.S. Civil Service refrement Benefits Pub. 939, General Rule for Persons and John of the

|                                 | a Control number   Dup | SV21/1-TFM1373<br>G CO OF OPELIKA LLC<br>REET   | Document 114-3                                    | Filed 05/07/2008                | Page 74 of 83  |
|---------------------------------|--|---|---|---------------------------------|--|
|                                 | e/i Employee's name, addre MICHAEL S SMITH  b Employee's FED ID numb   |   |   |                                 |  |
| 1                               | 57740.5 3 Social security wages 48909.5 5 Medicare wages and tigs 48909.6 7 Social security rips. 9 Advance EIC payment  | 4 Social security tax withheld 5 3032 . 40 6 B Medicare tax withheld  |   |                                 |  |
|                                 | 11 Nonqualified plans  14 Other  15 State Employer's state if GA  17 State   | 12b   12c   12d   13d   15d | MICHAEL S SMITH<br>LAFAYETTE, AL 3                |                                 | Social Security Number; Taxeble Merital Status: SINGLE Exemptions/Allowances: Federal: 0 State: 0 Local: 0 |
|                                 | 19 Local Income tax  1 Wages, tips, other comp, 67740.6:   | 20 Locality name:   | O 2005 AUTOMATIC DATA PROCES<br>— Fod and Deach H | Committee on Van Danis and Land | ırı more əl https://texpertner.edp.com   |
| *****                           | 3 Social security wages 48909 . 66 5 Medicare wages and Eps 48909 . 66 a Control number Dept   | 5 4 Social accurity tex withheld 3032 .40 6 Medicare tax withheld 709 .19   |   |                                 |  |
|                                 | c Employer's name, addres<br>FLOWERS BAKING<br>101 SIMMONS STF<br>OPELIKA, AL 384  | e, and ZIP code i CO OF OPELIKA LLC   |   |                                 |  |
|                                 | b Employer's FED ID mambe  | d Employee's SSA number  8 10 Dependent care benefits   |   |                                 |  |
|                                 | 11 Nonqualified plans 14 Other   | 12a See instructions for box 12 12b 12c 12c 13d 13 Statemp Ret. plus 3nd party sick pay:  |   |                                 |  |
|                                 | ell Employer's name, address MICHAEL S SMITH   | and ZIP code  | 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                 | 01 P.E.N.                       |  |
|                                 | 17 State manager was 19 Local income tax GA, State F   | 67740.62 8 Local wages, tips, etc. 20 Locality name   | FOLD AND DELA                                     | TOLD AND OCTA                   |  |
| erika<br>Berlinda<br>Para Maria | W-2 Wage Stat Copy 2 to be filed with semployed's S  | and Tax 2006  |   |                                 |  |

Box 8. (nis amount is not included in poxes 1, 3, 5, or 7. For information on how to report tips on your tax

Case Box 9. Enter this amount on the advance earned income credit payments line of your Form 1040 or Form 1040 to

Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (carleteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonqualified deterred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deterral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$15,000 (\$10,000 if you only have SIMPLE plans; \$18,000 for section 403(b) plans if you qualify for the 15-year rute explained in Pub. 571). Deferrals under code G are limited to \$15,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2006, your employer may have allowed an additional deterral of up to \$5,000 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deterral amount is not subject to the overall limit on elective deforrals. For code G, the limit on elective deferrals may be higher for the last three years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries,

the year shown, not the current year. If no year is shown, the contributions are for the current year. Shown the contributions are for the current year.

this tex on Form 1040. See "Total Tax" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deterrals to a section 401(k) cash or deferred arrangement. Also includes defarrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) taxexempt organization plan. See "Adjusted Gross Income" in the Form 1040 instructions for how to deduct

J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

L—Substantiated employee business expense relmbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions.

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to

compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base).

W—Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrals under a section 409A nonqualified deferred compensation plan.

Z.—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA-Designated Both contributions to a section 401(k) plan.

**BB**—Designated Roth contributions under a section 403(b) salary reduction agreement.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, let in case there is a question about your work record and/or earnings in a particular year. Review the information shown on your annual (for workers over 25) Social Security Statement.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

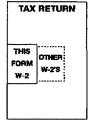
Department of The Treasury - Internal Revenue Service

#### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internet Revenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

#### **Notice to Employee**

Refund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows federal income tax withheld or if you can take the earned income credit

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2006 it: (a) you do not have a qualifying child and you earned less than \$12,120 (\$14,120 if married filing jointly), (b) you have one qualifying child and you earned less than \$32,001 (\$34,001 if married filing jointly), or (o) you have more than one qualifying child and you earned less than \$36,348 (\$38,348 if married filing jointly). You and any qualifying children must have valid social security numbers (\$SNs). You cannot take the EIC if your investment income is more than \$2,800. Any EIC that is more than your tax fiability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,648 of the EIC in advance by completing Form W-5. Earned Income Credit Advance Payment Certificate, and giving it to your employer.

Clergy and religious workers, if you are not subject to social security and Medicare taxes, see Publication 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

reagous workers.

Corrections, If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2006 and more than \$5,840.40 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your tederal income tax. If you had more than one railroad employer and more than \$3,075.60 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withhelding and Estimated Tax.

|                         | ontrol number Dapt.  | Corp. Employer use only  | GROSS PAY   | 67,740.62  | SOCIAL SECURITY   | 3,032.40   |
|-------------------------|--|--|---|--|---|--|
| Cas <del>p ∈</del><br>F | imployer's name, address,  | O OF OPELIKA LLC   | Document 114-3 FED. INCOME TAX WITHHELD BOX 02 OF W-2   | Filed 05/07/   | TAX MITHHELD 2800 04 OF Wage 76 MEDICARE TAX WITHHELD BOX 06 OF W-2                       | of 83<br>709.19  |
|                         | A ELIMA, AL SOOD   | '  | STATE INCOME TAX<br>BOX 17 OF W-2<br>LOCAL INCOME TAX   | 0.00<br>0.00   | SUI/SDI<br>BOX 14 OF W-2  | 0.00   |
|                         | mployee's name, address, and the same of t | and ZIP code   | BOX 19 OF W-2   |  |   |  |
|                         | •  | d Employee's SSA number  |   |  |   |  |
| <u> </u>                | 67740 .62  |  |   |  |   |  |
|                         | ocial security wages 48909 . 66 edicare wages and tips 48909 . 66  | 4 Social security tax withheld<br>3032.40<br>6 Medicare tax withheld<br>709.19 |   |  |   |  |
|                         | obial security tips<br>dvance EIC payment  | 8 Allocated tips 10 Dependent care benefits                                    | To change<br>file a   | your employee W-4 pro<br>new W-4 with your pa                    | ofile information<br>myroll department  |  |
| 11 No                   | onqualified plans  | 12aSes instructions for box 12   | MICHAEL S SMIT  | т <b>н</b>   | Social Securi<br>Taxable Mark   | •  |
|                         |  | 12c  <br>12d  <br>13 Stat empl Ret. plan 3rd porty sict pay                    | hard revenue and rome   | 36862  | SMGLE<br>Exemptions//   |  |
|                         | tate Employer's state ID no<br>TOTAL STATE<br>tate income tax  | 16 State wages, tips, etc. 18 Local wages, tips, etc.                          |   |  | Federal:<br>State:<br>Local:  | 0  |
| 18 Lc                   | ocal income tax  | 20 Locality name   | C 2005 AUTOMATIC DATA PRO   | •  | reparation, learn more at https://tax   | partner, edp. com  |
| [Tw                     | rages, tips, other comp.<br>67740 . 62   | 2. Federal income tax withheld   |   | Federal income tax withheld                                      | 1 Wages, tips, other comp.  | 2 Federal Income tax withheld  |
| 3 Sr                    | ocial security wages<br>48909.66   | 4 Social security tax withheld<br>3032.40                                      | 67740.62<br>3 Social security wages<br>48909.66   | Social security tax withheld                                     | 87740.62<br>3 Social security wages<br>48909.66   | 4 Social security tax withheld   |
|                         | edicare wages and tips<br>48909 , 66   | 6 Medicare tax withheld  | 5 Medicare wages and tipe &   | 3032.40<br>Medicare tax withheld                                 | 5 Medicare wages and tips   | 3032.40<br>6 Medicare tax withheld                                     |
| I                       | ontrol number   Dept.  | 709.19  Corp. Employer use only  SV24 1372                                     | 0000909496 W53  | 709.19 Corp. Employer use only V24 1372                          | 48909.66<br>a Control number Dapt.<br>0000908486 W53                                      | 709.19 Corp. Employer use only SV24 1372                               |
| FI 10                   | improyet's name, address, a<br>LOWERS BAKING C<br>DI SIMMONS STREE<br>PELIKA, AL 35801   | O OF OPELIKA LLC   | Employer's name, address, and<br>FLOWERS BAKING CO<br>101 SIMMONS STREET<br>OPELIKA, AL 36801 |  | c Employer's name, address,<br>FLOWERS BAKING C<br>101 SIMMONS STREE<br>OPELIKA, AL 36801 | O OF OPELIKA LLC   |
| b En                    |  | d Employee's SSA number  | b Employer's FED ID number  d   | Employee's SSA number  | Employer's FED ID number<br>63 -  | d Employae's SSA number  |
|                         |  | 8 .  |   |  | 7 Sc  | * "  |
|                         |  | 10 Dependent care benefits  12a See instructions for box 12                    | !   | Dependent care benefits  | 9 Advance EIC payment   | 10 Dependent care benefits   |
| 14 Oil                  |  | 126  | 11 Nonquelified plans 12  | 1  | 11 Nonqualified plans   | 126  |
|                         |  | 12e  | 12  |  | 14 Other  | 12c  |
|                         | i  | 12d<br>13 Stat emp Ret. plan 3rd party sick pay                                | 12  | Stat coop   Ret. plan   3nd party sick pay                       | j<br>1<br>1   | 12d<br>13 Stat emp. Het. plan 3rd party olch par                       |
| e/l En                  | nployee's name, address an   | d ZIP code   | e/f Employee's name, address and  | X  | e/l Employee's name, address a  | · X  |
| ,                       | CHAEL S SMITH  |  | MICHAEL S SMITH   |  | MICHAEL S SMITH   |  |
|                         | ste Employer's state 10 no.  |  | 3686  |  | 351   |  |
| L                       | TOTAL STATE ste income tax   | 16 State wages, tips, etc.  18 Local wages, tips, etc.                         | 15 State Employer's state ID no. 16 AL 150729 17 State Income tax 18                          | State wages, tips, etc.<br>67740 . 62<br>Local wages, tips, etc. | 15 State Employer's state ID no<br>AL<br>17 State   | 18 State wages, tips, etc.<br>67740 . 62<br>18 Local wages, tips, etc. |
| 19 Lo                   | cal income tax   | 20 Locality name   | 19 Local income tax 20  | Locality name  | 19 Local Income tax   | 20 Locality name   |
| 1                       | Federal Filing  1-2 Wage at Staten   | nd Tax 2006  | W-2 Wage and Statem   | d Tax 2006   |   | ng Copy<br>and Tax 2006  |

7. For information on how to report tips on your tax

Caselone. Enter this amount of the advance earned M income credit payments line of your Form 1040 or Form 1040a.

Box 10. This amount is the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 also is included in box 1. You must complete Schedule 2 (Form 1040A) or Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable amounts.

Box 11. This amount is: (a) reported in box 1 if it is a distribution made to you from a nonquelified deterred compensation or nongovernmental section 457(b) plan or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfieliure of your right to the deferred amount.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA and BB) under all plans are generally limited to a total of \$15,000 (\$10,000 if you only have SIMPLE plans; \$18,000 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$15,000. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2006, your employer may have allowed an additional deferral of up to \$5,000 (\$2,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last three years believe you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the "Wages, Salaries,

the year shown, not the current year. If no year is shown, the contributions are for the current year.

Chicking Bocal security of RHTA tax through include 7

this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040. See "Total Tax" in the Form 1040 instructions.

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(0) taxexempt organization plan. See "Adjusted Gross income" in the Form 1040 instructions for how to deduct

J—Nontaxable sick pay (information only, not included in boxes 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See "Total Tax" in the Form 1040 instructions.

L—Substantialed employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1D40 instructions.

N—Uncollected Medicare tax on taxable cost of groupterm life insurance over \$50,000 (former employees only). See "Total Tax" in the Form 1040 instructions. R—Employer contributions to your Archer MSA. Report

/on-Ferm 8853. Amber M5Asyand Long-Term Care
Ansurance Contracts 9 Contracts S—Employee salaty reduction contributions under

S—Employee salary reduction contributions under a section 408(p) SIMPLE (not included in box 1)

T—Adoption benefits (not included in box 1). You must complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5).

W---Employer contributions to your Health Savings Account. Report on Form 8889, Health Savings Accounts (HSAs).

Y—Deferrats under a section 409A nonqualified deferred compensation plan.

Z.—Income under section 409A on a nonqualified deferred compensation plan. This amount is also included in box 1, it is subject to an additional 20% tax plus interest. See "Total Tax" in the Form 1040 instructions.

AA—Designated Roth contributions to a section 401(k) nan

**BB**—Designated Roth contributions under a section 403(b) salary reduction agreement.

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions that you may deduct.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help protect your social security benefits, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year, Review the information shown on your annual (for workers over 25) Social Security Statement.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fall to report it.

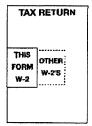
Department of The Treasury - Internal Revenue Service

## NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

### **Notice to Employee**

Retund. Even if you do not have to file a tax return, you should file to get a refund if box 2 shows lederal income tax withheld or if you can take the earned income credit.

Earned income credit (EIC). You must file a tax return if any amount is shown in box 9.

You may be able to take the EIC for 2006 if: (a) you do not have a qualifying child and you earned less than \$12,120 (\$14,120 if married filing jointly), (b) you have one qualifying child and you earned less than \$32,001 (\$34,001 if married filing jointly), or (c) you have more than one qualifying child and you earned less than \$35,348 (\$38,348 if married filing jointly). You and any qualifying children must have valid social security numbers (\$SINs). You cannot take the EIC if your investment income is more than \$2,800. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return. If you have at least one qualifying child, you may get as much as \$1,648 of the EIC in advance by corripleting Form W-5. Earned Income Credit Advance Payment Certificate, and giving it to your employer. Clergy and religious workers. If you are not subject to social security and Medicare taxes, see Publication 517. Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employer correct ever to expect your employer to correct your employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form W-2. If your name and SSN are correct but are not the same as shown on your social security card, you should ask for a new card at any SSA office or call 1-800-772-1213.

Credit for excess taxes. If you had more than one employer in 2006 and more than \$5,840.40 in social security and/or Tier I railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$3,075.60 in Tier II RRTA tax was withheld, you also may be able to claim a credit. See your Form 1040 or Form 1040A instructions and Publication 505, Tax Withholding and Estimated Tax.

Corrected (if checked)

OMB No.

## Form 1099-B - Proceeds From Broker and Barter Exchange Transactions

2006

| Date of Sale or Exchange CUSIP No. | Stocks,<br>Bonds, etc. (\$) | Gross Proceeds  <br>Reported to IRS | Payer's Details  |
|------------------------------------|-----------------------------|-------------------------------------|--|
| 13 Mar 2006                        | 30.00                       | YES                                 | COMPUTERSHARE SHAREHOLDER SERVICES INC<br>P.O. BOX 43010<br>PROVIDENCE RI 02940-3010 |

| FEDERAL INCOME<br>TAX WITHHELD (\$) | 7<br>Description: | Name of Issuer        | Transaction |
|-------------------------------------|-------------------|-----------------------|-------------|
|                                     |                   | Wal-Mart Stores, Inc. | SALE - ES2  |

## Instructions for Recipient

Brokers and barter exchanges must report proceeds from transactions to you and to the internal Revenue Service on Form 1099-B by January 31 of the year following the calendar year of the transaction.

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

- Box 1a The trade date of the transaction. For aggregate reporting, no entry will be present.
- Box 1b For broker transactions, may show the CUSIP (Committee on Uniform Security Identification Procedures) number of the item reported.
- Box 2: Shows the aggregate proceeds from transactions involving stocks, bonds, other debt obligations, commodities, or forward contracts. Losses on forward contracts and changes in control or substantial change in capital structure are shown in parentheses. This box does not include proceeds from regulated futures contracts. The broker must indicate whether gross proceeds or gross proceeds less commissions and option premiums were reported to the IRS. Report this amount on Schedule D (Form 1040), Capital Gains and Losses.
- Box 4: Backup withholding. Generally, a payer must backup withhold at the applicable rate if you did not furnish your taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
- Box 7: Shows a brief description of the item for which the gross proceeds are being reported. Information is being reported as to Issuer name, class, and Iransaction type.

NOTE: The Payer will report the amount in box 2 to the IRS. The difference between the gross proceeds amount in Box 2 and the net proceeds you received represents any fees, charges, or withholding taxes you may have paid.

Copy B - For Recipient (Keep for your records)

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.





001CS0103\_RPS.DL\_1,WMT.183238\_125/090514/090514/i

## Wal-Mart Stores, Inc. - Associate Stock Purchase Plan Account Summary

| Date         | Transaction Description | Transaction<br>Amount (\$)            | Deduction<br>Amount (\$) | Deduction   Net<br>Type   Amount (\$) | Price Per<br>Share (\$) | Total<br>Transaction<br>Shares | Total<br>Shares<br>Held |
|--------------|-------------------------|---------------------------------------|--------------------------|---------------------------------------|-------------------------|--------------------------------|-------------------------|
| 01 Jan 2006  | Balance Forward         | · · · · · · · · · · · · · · · · · · · |                          |                                       |                         |                                | 4.754                   |
| 3 Jan 2006   | Dividend Reinvestment   | 0.71                                  |                          | 0.71                                  | 45.996                  | 0.015                          | 4.789                   |
| 13 Mar 2006  | Tender                  | 30.00                                 |                          | 30.00                                 | 45.248                  | -0.663                         | 4.106                   |
| 03 Apr 2006  | Dividend Reinvestment   | 0.69                                  |                          | 0.69                                  | 46.802                  | 0.015                          | 4.121                   |
| 95 Jun 2006  | Dividend Reinvestment   | 0.69                                  |                          | 0.69                                  | 47,654                  | 0.014                          | 4.135                   |
| 35 Sep 2006  | Dividend Reinvestment   | 0.69                                  |                          | 0.69                                  | 45.584                  | 0.015                          | 4.150                   |
| Summary of I | Holdings Date: 29       | Dec 2006                              |                          |                                       |                         |                                |                         |

46,180

4.150

1 3 0 U D R
IMPORTANT TAX RETURN DOCUMENT ATTACHED

**WMT** 



191.65



PAYER'S name, street address, city, state, and ZIP code WAL-MART STORES INC C/O COMPUTERSHARE

| CORRECTED (if che  | cked) Dividends                       | and Distributions |
|--|---------------------------------------|-------------------|
| 1n Total ordinary dividends                              | 1b Qualified dividends                | OMB No. 1545-0110 |
| \$ 2.78  | S 2.78                                |                   |
| 3 Nondividend distributions                              | 4 Federal income tax withheld         | 2006              |
| s  | \$                                    | 2000              |
| 6 Foreign tax paid                                       | 7 Foreign country or U.S. possession  |                   |
| \$   |                                       | Form 1099-DIV     |
| 8 Cash Liquidation Distribution                          | PAYER'S Federal identification number |                   |
| \$   |                                       | Copy B            |
| DEMONSTREE LANGE AND AND AND AND AND AND AND AND AND AND | I A                                   |                   |

| 1 ery Woodler 12/606        |             |      |
|-----------------------------|-------------|------|
| Riviewed by (Company): Date | Distributor | Date |
| Steve Bordeau Pisklos       |             |      |
| Approved By (Company): Date |             |      |

|     | Case 3:07-cv-006 | 17-MHT-TFM Doncurre (19014-3 | Files 05/07/2008 Page 81 of 83 |
|-----|------------------|------------------------------|--------------------------------|
|     |                  | Health Insurance             | 3,204.24                       |
|     |                  | Cell Phone                   | 935.78                         |
|     |                  | Truck Repairs Cas            | 1,816.97                       |
|     |                  | Misc.                        | 3,025.37                       |
|     |                  |                              |                                |
|     |                  |                              |                                |
| 200 |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |
|     |                  |                              |                                |

inty Augmber:

**PAYMENTS** 

Z

Voucher #4 - Due By JAN. 18\* Youther #3 - One By SEPT, 15! Voucher #1 - Due By APRIL 15\* Voucher #2 - Due By JUNE 15\* FEDERAL PAYMENT RECORD CHE 2000 Amount 800 ع P-120 No. Check No.

Voucher #3 - Due By SEPT, 18\* Wouldher #4 - Due By JAN, 15\*\*\*\* Voucher #2 - Due By JUNE 15\* Moucher #1 - Due By APRIL 15: STATE PAYMENT RECORD 75000 2300 られて 0-12 200

\*If the 15th falls on a Saturday or Sunday, the due date is extended until the next Monday,

Enclosed are your Estimated Tax Vouchers and Filing Envelopes ESTIMATED TAX VOUCHERS CAUTION DO NOT MAIL YOUR

0

tax return. If there is a balance due on last year's return which we just prepared for you, you must pay it separately from your Estimated Tax Payments. These Estimated Tax Vouchers are advance payments for next year and must be paid in addition to any Hability on your tax return. that estimated payments are a way of Occasionally clients mistakenly believe making installment payments on their WITH YOUR TAX RETURN

BE SURE TO WRITE YOUR SOCIAL SECURITY NUMBER AND THE WORDS "ESTIMATED TAX" ON

| Case 3:0 | Deposit Certificate(s) PLEASE HORCAGE THE HUMBER OF SHARELYOBE DOCUMENTO YOUR PLAN ACCOUNT. | ment 114-3 Filed 05/07/2                         | 2008 Page 83 of 83                                       |   |
|----------|---|--|--|---|
| •        | Signature 1 - Please keep signature within the box. Sign                                    | nature 2 - Please keep signature within the box. | Please detach this portion and mail to:<br>Computershare |   |
|          | Please note: All registered holders must sign for your instructions to                      | to be completed.                                 | P.O. Box 43080<br>Providence RI 02940-3080               | + |

Computershare Trust Company, N.A., as agent, upon written request, will provide the name of the executing broker dealer associated with the transaction(s), and within a reasonable amount of time will disclose the source and amount of compensation received from third parties in connection with the transaction(s), it any.

ALL SALE INSTRUCTIONS ARE FINAL AND CANNOT BE MODIFIED. STOPPED OR CANCELLED AFTER COMPUTERSHARE HAS RECEIVED THE REQUEST.

#### I. Special Instructions

If your account is not certified, you must complete a W-9 or W-8BEN tax form or taxes will be withheld from any dividends or sales proceeds per Internal Revenue Service requirements. Faxed W-BBEN forms are not acceptable.

If you would like to write to us, please include your account number, daytime telephone number with area code, and the company name in your correspondence.

PLEASE KEEP THIS STATEMENT FOR TAX PURPOSES.

#### II. Terms and Definitions

Record Date The date that establishes ownership on our records to receive the dividend.

**Payment Date** The date the dividend is payable.

**Dividend Rate** The dollar amount of the dividend paid per share or the rate of stock dividend or stock split.

Price Per Share The price per share purchased or sold under the plan. **Total Shares** The number of shares acquired or sold through the plan

**Deduction Amount** An aggregate sum of all fees charged.

Loan Collateral The number of shares held by Computershare as collateral for a loan granted through the Wal-Mart Loan Program. Although these shares are still owned by

you, they are not available for transfer, sale or issuance until your entire loan balance is paid, Loans are limited to Associates in the U.S.

If you no longer work for Wal-Mart you may continue your account and buy shares without paying a brokerage fee. However, you will be charged \$30 once a

year as a maintenance fee. The \$30 fee is automatically deducted from your account in the first quarter of each year by selling a portion of stock equal to \$30. If you do not wish to maintain your account after you leave the company, be sure to call Computershare.

Value The dollar amount as of the date referenced of all shares that are held for this security in the account.

#### III. Privacy Notice

At Computershare, we take privacy seriously. In the course of providing services to you in connection with employee stock purchase plans, dividend reinvestment plans, direct stock purchase plans and/or direct registration services, we receive nonpublic, personal information about you. We receive this information through transactions we perform for you, from enrollment forms, automatic debit forms, and through other communications with you in writing, electronically, and by telephone. We may also receive information about you by virtue of your transaction with affiliates of Computershare or other parties. This information may include your name, address (residential and mailing), social security number, bank account information, stock ownership information and other financial information.

With respect both to current and former customers, Computershare does not share nonpublic personal information with any non-affiliated third-party except as necessary to process a transaction, service your account or as required or permitted by law. Our affiliates and outside service providers with whom we share information are legally bound not to disclose the information in any manner, unless required or permitted by law or other governmental process. We strive to restrict access to your personal information to those employees who need to know the information to provide our services to you. Computershare maintains physical, electronic and procedural safeguards to protect your personal information.

Computershare realizes that you entrust us with confidential personal and financial information and we take that trust very seriously.

Assets are not deposits of Computershare and are not insured by the Federal Deposit Insurance Corporation, the Securities Investor Protection Corporation, or any other tederal or state agency.

00M6CE

#### Instructions for Recipient

Account Number: May show an account or other unique number the payer assigned to distinguish your account.

Box 1a: Shows total ordinary dividends that are taxable. Include this amount on Box 4:

line 9a of Form 1040 or 1040A. Also, report it on Schedule B (Form 1040) or Schedule 1 (Form 1040A), if required.

The amount shown may be a distribution from an employee stock ownership plan (ESOP). Report it as a dividend on your Form

1040/1040A, but treat it as a plan distribution, not as investment

income, for any other purpose.

backup withholding. Include this amount on your income tax return as Shows the foreign tax you may be able to claim as a deduction or a

credit on Form 1040. See the Form 1040 instructions,

Shows backup withholding. For example, a payer must backup withhold

taxpayer identification number to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for in formation on

on certain payments at the applicable rate if you did not give your

Box 1b:

Shows the portion of the amount in box 1a that may be eligible for the

tax withheld.

# EXHIBIT D

00001 1 IN THE UNITED STATES DISTRICT COURT 2 FOR THE MIDDLE DISTRICT OF ALABAMA 3 EASTERN DIVISION 4 5 CASE NUMBER: 3:07-CV-617-MHT 6 CHARLES MORROW, ET AL., 7 Plaintiffs, 8 VS. 9 FLOWERS FOODS, INC., ET AL., 10 Defendants. 11 12 STIPULATION 13 IT IS STIPULATED AND AGREED by and 14 between the parties through their respective 15 counsel, that the video deposition of Lew 16 Baxter may be taken before Sara Mahler, CCR, 17 at the offices of Greg L. Davis, at 6987 18 Halcyon Park Drive, Montgomery, Alabama 19 36117, on the 16th day of April, 2008. 20 21 **DEPOSITION OF LEW BAXTER** 

22

| $\alpha$ | NA.  | $\alpha \gamma$ |
|----------|------|-----------------|
| Ωſ       | 11 1 |                 |

| ĭ   | ľ   | ۲ ۱ | 12  | FI   | IR' | THER | STIPUI | ATED    | AND  |
|-----|-----|-----|-----|------|-----|------|--------|---------|------|
| - 1 | 1.1 |     | L.J | 11.4 | 717 |      | SHIPTH | 78 EEEE | AINL |

- 2 AGREED that the signature to and the reading
- 3 of the deposition by the witness is waived,
- 4 the deposition to have the same force and
- 5 effect as if full compliance had been had
- 6 with all laws and rules of Court relating to
- 7 the taking of depositions.

## 8 IT IS FURTHER STIPULATED AND

- 9 AGREED that it shall not be necessary for
- 10 any objections to be made by counsel to any
- 11 questions except as to form or leading
- 12 questions, and that counsel for the parties
- 13 may make objections and assign grounds at
- 14 the time of the trial, or at the time said
- 15 deposition is offered in evidence, or prior
- 16 thereto.

## 17 IT IS FURTHER STIPULATED AND

- 18 AGREED that the notice of filing of the
- 19 deposition by the Commissioner is waived.

- 21 \*\*\*\*\*\*\*\*
- 22
- 23

```
00183
```

- l about ready to run out of tape. I'll let
- 2 him change it. I can keep forging ahead or
- 3 do y'all want to take a break for a few
- 4 minutes?
- 5 MR. DAVIS: Keep forging
- 6 ahead.
- 7 VIDEOGRAPHER: This ends
- 8 videotape number three; we are off the
- 9 Record at 3:16 p.m.
- 10 (Recess was taken.)
- 11 VIDEOGRAPHER: This begins
- 12 videotape number four; we are back on the
- 13 Record at 3:18 p.m.
- 14 (Whereupon, Defendant's
- 15 Exhibit No. 27 was marked
- 16 for identification.)
- 17 Q. (BY MR. HISHTA): Mr. Baxter,
- 18 you have been handed what has been marked as
- 19 Defendant's Number 27. If you could take a
- 20 few moments and look at that document for me
- 21 please.
- 22 A. (Witness complies.)
- 23 Ο. Do you recognize Defendant's

- 1 Exhibit Number 27, Mr. Baxter?
- 2 A. Yes.
- 3 Q. Could you tell me what it is.
- 4 It's an interim financial

5 statement for the quarter ending December

- 6 31st, 2004, for my route.
- 7 Q. Are you familiar with this
- 8 record?
- 9 A. Yes.
- 10 Q. Do you receive such documents
- 11 from Mr. Jones, Frank Jones?
- 12 A. Yes.
- 13 Q. Turning to the statement of
- 14 assets, liabilities, and capital, which is
- 15 the third page of this document, there is an
- 16 entry for territory of forty-two thousand
- 17 eight hundred and sixty dollars. Do you see
- 18 that?
- 19 A. Yes, I do.
- 20 Q. And is that your territory?
- 21 A. Yes.
- 22 Q. Would you agree with the
- 23 characterization of the territory as an

1 asset?

- 2 A. Yes.
- 3 Q. And over time, that territory
- 4 is being amortized?
- 5 A. Amortized, yes.
- 6 Q. Yes. Then on the next page is
- 7 a statement of revenue and expenses. Are
- 8 those revenues and expenses related to your
- 9 distributorship?
- 10 A. Yes.
- 11 Q. And if we turn to the column
- 12 with the twelve months ended December 31,
- 13 2004, was that the first full year that you
- 14 owned your Flowers distributorship?
- 15 A. Yes.
- 16 Q. And your gross revenue for
- 17 that year was seventy-eight thousand one
- 18 hundred and sixty-one dollars and ninety
- 19 cents?
- 20 A. Yes.
- 21 Q. Under the first line item
- 22 under operating expenses, there is an entry
- 23 for advertising of a hundred and sixty-seven

- 1 dollars and one cents. Do you recall what
- 2 that might be for?
- A. No, I don't.
- With various expenses that are
- 5 listed on these statements, do you typically
- 6 provide documentation to Mr. Jones, who in
- 7 turn prepares the statements?
- A. Yes. That may have been a
- 9 donation of product that I charged myself
- 10 and donated to a civic organization or
- 11 church organization or something like that,
- 12 because I don't see a donation -- I don't
- 13 see a donation line item.
- 14 What about -- And it's a small
- 15 entry, but there's an entry for
- 16 entertainment and meals, what type of
- 17 expense would that be related to the
- 18 distributorship?
- A. That may have been -- I don't 19
- 20 know. It could have been a --
- 21 MR. DAVIS: Don't guess, if
- 22 you don't know.
- 23 Okay. What about with casual

- 1 labor, is that the expense associated with
- 2 the helper or helpers?
- 3 A. Yes.
- Q. And that's six thousand two
- 5 hundred forty dollars. And then there's an
- 6 entry for supplies, what type of supplies
- 7 would you typically purchase over the course
- 8 of the year that you would write off?
- A. Office supplies, staple gun,
- 10 pens, pencils, calendars, personal
- 11 calendars, that type of thing, tape; just
- 12 general office supplies.
- And then the final expense 13 Q.
- 14 item is a uniform expense to you. What type
- 15 of uniform do you wear when operating your
- 16 distributorship?
- 17 Just shirt. A.
- Golf shirt? 18 Q.
- 19 A. Yeah.
- Are you required to wear any 20 Q.
- 21 particular type of clothing?
- A. We're told we have to wear a 22
- 23 shirt with a collar.

- Q. Does it have to have a Flowers 1
- 2 logo on it or any other identifying
- 3 information?
- A. Not to my knowledge, no.
- 5 (Whereupon, Defendant's
- 6 Exhibit No. 28 was marked
- 7 for identification.)
- 8 Mr. Baxter, you now have in
- 9 front of you what has been marked as
- 10 Defendant's Exhibit Number 28. Could you
- 11 take a moment and review that document for
- 12 me, please.
- 13 A. (Witness complies.)
- Mr. Baxter, do you recognize 14
- 15 Defendant's Exhibit Number 28?
- 16 A. Yes.
- 17 Could you tell me what it is, Q.
- 18 please.
- It's the interim financial
- 20 statement for the quarter ended December
- 21 31st, 2005, for my route.
- 22 Q. Okay. Let's turn to the last
- 23 page of this document. Let's just focus on,

Filed 05/07/2008

- 1 again, the third column for the twelve
- 2 months ending December 31, 2005.
- It would appear that this
- 4 document -- that your gross discount or
- 5 gross revenue is ninety-three thousand
- 6 seventeen dollars and eighty-three cents
- 7 from your distributorship; would you agree
- 8 with that?
- 9 A. Yes.
- 10 And then you've got various
- 11 operating expenses underneath there. Let's
- 12 just discuss a few of those. There's an
- 13 equipment rental expense of over eight
- 14 thousand dollars. What is that? Is that
- 15 the truck lease?
- 16 A. I'm going to assume, yes,
- 17 that's -- I'm assuming so, yes. I don't
- 18 know.
- 19 Q. What about entertainment and
- 20 meals, sixteen hundred dollars that
- 21 particular year?
- 22 A. Okay.
- 23 What type of entertainment or Q.

- 1 business meals do you have that you would
- 2 write off related to your business?
- A. That would have been Auburn
- 4 football tickets, that would have been
- 5 meals.
- 6 Q. Do you take your customers to
- 7 Auburn football games?
- A. No, I don't.
- 9 Do you take any perspective
- 10 customers to Auburn football games?
- 11 A. No. I give them my tickets
- 12 and let them go.
- 13 So you're giving the tickets
- 14 to your customers?
- 15 I offer them to them, yes.
- 16 Q. Do you personally use the
- 17 tickets if your customers don't use them?
- 18 A. Yes.
- 19 Is there any adjustment that Q.
- 20 is made with respect to a write-off if you
- 21 personally used the tickets versus the
- 22 customer using the tickets?
- 23 A. I don't know that for sure.

Filed 05/07/2008

- 1 Q. Do you occasionally take a
- 2 customer or perspective customer out to
- 3 dinner?
- 4 A. No.
- 5 And moving down the page, the Q.
- 6 casual labor is slightly over seven thousand
- 7 dollars. Is that also for a helper or
- 8 helpers for the year ending 2005?
- A. Yes.
- 10 (Whereupon, Defendant's
- 11 Exhibit No. 29 was marked
- 12 for identification.)
- 13 Q. Okay. Mr. Baxter, the next
- 14 document has been marked Defendant's Exhibit
- 15 Number 29. If you could take a few moments
- 16 and look at this document for me, please.
- 17 A. (Witness complies.)
- 18 Q. Mr. Baxter, do you recognize
- 19 Defendant's Exhibit Number 29?
- 20 A. Yes.
- 21 Q. Could you identify it for me,
- 22 please.
- 23 It's the interim financial

- 1 statement for the quarter ended December
- 2 31st, 2006, for my route.
- Q. And is -- like the other
- 4 interim financial statements, was this
- 5 statement prepared by Frank Jones?
- A. Yes.
- 7 Q. And Mr. Jones prepared it and
- 8 sent you a copy?
- 9 A. Yes.
- 10 Turning to the third column,
- 11 would you agree with me that your gross
- 12 income or gross revenue for the year ending
- 13 2006 was eighty-one thousand six hundred
- 14 fourteen dollars and ninety-two cents?
- 15 A. It looks like five hundred and
- 16 forty-eight, but --
- 17 Q. I'm sorry, there's another
- 18 income listed too. And I'm actually looking
- 19 at total revenue, the line underneath that.
- 20 Okay. Total revenue, yes. A.
- 21 Q. Total revenue?
- 22 A. Total revenue, yes.
- 23 Q. And then moving down again

Filed 05/07/2008

- 1 we've got the various operating expenses
- 2 associated with your distributorship;
- 3 correct?
- A. Correct.
- 5 Entertainment and meals for
- 6 year ending 2006, would that be similar to
- 7 the type of expenses you've described for
- 8 2005, tickets, occasional meal type of
- 9 thing?
- 10 Α. Yes.
- 11 Q. I mean, do your customers
- 12 occasionally use the tickets that you offer
- 13 to them?
- 14 A. Occasionally some do, yes.
- 15 Q. Do you think that that helps
- 16 develop a good working relationship with
- 17 those customers?
- 18 A. Yes.
- 19 And then moving down under Q.
- 20 casual labor, five thousand sixty dollars,
- 21 that again is for your helper or helpers for
- 22 that year?
- 23 A. Yes.

Filed 05/07/2008

- Q. When you take vacation time,
- 2 do you -- how do you handle that? Do you
- 3 hire one of the helpers to run your
- 4 territory in your absence? Do you utilize
- 5 Flowers' services? What do you typically --
- A. Flowers provides someone to

7 run the route for me.

- Q. And how does that typically
- 9 work? Do you say to somebody at Flowers,
- 10 I'd like you to run my territory while I'm
- 11 gone?
- 12 A. No. You have to go in and you
- 13 have to schedule your vacation.
- And do you pay Flowers Opelika 14
- 15 for their time and expenses in running the
- 16 territory in your absence?
- 17 A. Yes.
- 18 If you wanted to, could you Q.
- 19 have somebody else other than a non-Flowers
- 20 person run the territory in your absence?
- 21 A. I don't know that.
- 22 Have you tried? Q.
- 23 A. No.

- 1 Q. Has anybody at Flowers Opelika
- 2 said that you cannot do that?
- 3 A. No.
- 4 (Whereupon, Defendant's
- 5 Exhibit No. 30 was marked
- 6 for identification.)
- 7 Q. The next one is Defendant's
- 8 Exhibit 30, Mr. Baxter. If you could take a
- 9 few minutes and look at that document for
- 10 me, please.
- A. (Witness complies.) 11
- 12 Mr. Baxter, do you recognize Q.
- 13 this document?
- Yes, I do. 14 A.
- 15 Could you tell me what it is, Q.
- 16 please.
- It's a financial statement of A.
- 18 my route for the period ended December 31st,
- 19 2007.
- 20 Q. Was that document prepared by
- 21 Mr. Jones?
- 22 A. Yes, it was.
- 23 And was a copy of it sent to O.

- 00196
  - 1 you?
  - 2 A. Yes.
  - 3 Turning your attention to the Q.
  - 4 third column for the twelve months ending
  - 5 December 31, 2007, would you agree with me
  - 6 that your gross revenue for the year arising
  - 7 from your distributorship, Flowers
  - 8 distributorship, was eighty-two thousand six
  - 9 hundred twenty-one dollars?
  - 10 A. Yes.
  - 11 And moving down the column, Q.
  - 12 you see the various operating expenses
  - 13 associated with your distributorship for the
  - 14 year ending December 31, 2007?
  - 15 A. Yes.
  - 16 And as in the two prior years,
  - 17 there's an entry for entertainment and
  - 18 meals. The same type of items --
  - 19 A. Yes.
  - 20 Q. -- that we've discussed
  - 21 previously?
  - 22 A. Yes.
  - 23 Q. And casual labor for the year

00197

1 ending 2007, three thousand one hundred and

- 2 twenty dollars?
- 3 A. Yes.
- Q. And that would represent
- 5 payments to your helper or helpers?
- A. Yes.
- 7 MR. DAVIS: Kevin, just for
- 8 the Record, the copy that Lew is looking at
- 9 has yellow highlighted all the way down it
- 10 and handwriting on it.
- 11 MR. HISHTA: Here, use that
- 12 one (indicating).
- Do you want to look at that 13
- 14 document and would your answers be any
- 15 different?
- 16 A. No, my answers would not be
- 17 any different.
- 18 And I can't read your
- 19 handwriting anyways.
- 20 (Off-the-Record discussion
- 21 was held.)
- (Whereupon, Defendant's 22
- 23 Exhibit No. 31 was marked

- for identification.)
- 2 Okay. Mr. Baxter, the court
- 3 reporter has handed you what has been marked
- 4 as Defendant's Exhibit Number 31. If you
- 5 could take a few moments and look at this
- 6 document for me, please.
- (Witness complies.) A.
- 8 Mr. Baxter, do you recognize Q.
- 9 Defendant's Exhibit Number 31?
- 10 A. Yes.
- 11 Could you tell me what this
- 12 document or documents is, please.
- 13 They're my 2004 tax returns,
- 14 federal tax returns.
- 15 These are both federal and
- 16 Alabama state returns?
- 17 A. Yes.
- 18 Q. Turn your attention to Bates
- 19 number 7139. Just to make sure that we're
- 20 on the same page, I'm looking at a page that
- 21 at the top states profit or loss from
- 22 business for the year 2004.
- (Witness nods head in the 23

- 1 affirmative.)
- Q. Moving down under expenses,
- 3 the first entry is for advertising for a
- 4 hundred and sixty-seven dollars, which I
- 5 believe we've already discussed; you have
- 6 another entry for car and truck expenses, I
- 7 believe we've already discussed that.
- 8 Moving down to the entry on
- 9 mortgage, four thousand six hundred and
- 10 forty-eight dollars. Do you know what that
- 11 entry is?
- 12 That would probably be my -- I
- 13 don't know.
- 14 If you don't know, that's
- 15 fine.
- 16 I don't know. A.
- 17 What about the office expense? Q.
- 18 There again, I don't know. A.
- 19 Q. Okay. Turn your attention to
- 20 Bates number 7146. Is it fair to say that
- 21 these are other expenses related to your
- 22 Flowers distributorship for the year 2004?
- 23 Other expenses? A.

- Q. Yes.
- 2 I would think they would be
- 3 the same as what would be listed on my
- 4 financial statement.
- Q. I didn't mean the question
- 6 that way. But these expenses are expenses
- 7 in addition to those shown on -- the
- 8 detailed expenses shown on FB 7139?
- 9 A. I'm not sure I followed you
- 10 there.
- 11 Okay. Let's just go back to
- 12 FB 7139.
- 13 A. Okay.
- 14 On the left-hand column --
- 15 A. I see where you're at now.
- 16 -- see where I'm at? We've
- 17 got certain detailed expenses and then
- 18 you've got other expenses.
- A. On line twenty-seven, you have
- 20 twenty thousand five hundred and thirty-one
- 21 dollars and you have this twenty thousand --
- 22 same number.
- 23 At the end of the day, in box

- 1 thirty-one, is that the net profit from your
- 2 Flowers distributorship for the year 2004?
- I would say yes.
- 4 And is it fair to say that you
- 5 are representing to the Internal Revenue
- 6 Service that you had net profit as a sole
- 7 proprietor from your distributorship income
- 8 in that amount?
- A. To the best of my knowledge,
- 10 yes.
- 11 (Whereupon, Defendant's
- 12 Exhibit No. 32 was marked
- 13 for identification.)
- 14 Okay. Mr. Baxter, you've been
- 15 handed what's been marked as Defendant's
- 16 Exhibit Number 32. Would you take a moment
- 17 and review that document for me and tell me
- 18 if you recognize it.
- 19 A. (Witness complies.) I do.
- 20 O. Tell me what it is, please.
- 21 It's my 2005 tax returns, A.
- 22 federal and state for 2005.
- 23 Okay. Turning your attention

- 1 to Bates number 7164, please.
- Does that page reflect the
- 3 financial figures related to your Flowers
- 4 distributorship for the year 2005?
- 5 I'm going to say yes.
- 6 And you look at part one,
- 7 gross receipts or sales, it would appear
- 8 that your gross income for the year 2005,
- 9 from your Flowers distributorship was
- 10 ninety-three thousand two hundred and
- 11 eighty-nine dollars?
- 12 A. Yes.
- 13 And then following expenses,
- 14 your net profit from your Flowers
- 15 distributorship for the year 2005 was
- 16 forty-two thousand six hundred and twelve
- 17 dollars?
- 18 Yes. A.
- 19 (Whereupon, Defendant's
- 20 Exhibit No. 33 was marked
- for identification.) 21
- 22 Okay. Mr. Baxter, do you
- 23 recognize Defendant's Exhibit Number 33?

- A. Yes.
- 2 Could you turn your attention
- 3 to Bates number BAX 165.
- It would appear that your
- 5 gross income for the year 2006, from your
- 6 Flowers distributorship was eighty-one
- 7 thousand six hundred and sixty-eight
- 8 dollars, would you agree with that?
- 9 A. Yes.
- 10 Turning again to item sixteen
- 11 under the expenses with the mortgage, do you
- 12 have any idea what that entry is for?
- 13 A. No, I don't.
- 14 Q. Okay. And turning your
- 15 attention to Bates number BAX 00171. You've
- 16 got casual labor for five thousand eight
- 17 hundred and seventy dollars. As we've
- 18 previously discussed, that's for your helper
- 19 or helpers; is that correct?
- 20 A. Yes.
- 21 The next entry is for dues and
- 22 subscriptions in the amount of seventy-six
- 23 dollars. What is that for?

- 1 A. Dues and subscriptions. I'm
- 2 not sure.
- 3 Q. What about equipment rental?
- That would probably be a Ryder
- 5 truck used while I was on vacation or
- 6 something to that effect.
- Q. Do you know what's encompassed
- 8 with other operating expenses?
- 9 A. No.
- 10 Is this something that Frank
- 11 Jones could shed some light on from
- 12 documents that you've provided to him?
- 13 A. Yes.
- 14 Q. And then the telephone entry,
- 15 I assume that's the telephone that you use
- 16 in your business?
- A. Yes. 17
- (Whereupon, Defendant's 18
- 19 Exhibit No. 34 was marked
- 20 for identification.)
- 21 Mr. Baxter, could you take a
- 22 few moments and review what has been marked
- 23 as Defendant's Number 34.

- 1 it was that returned my call.
- Q. Is that the only contact that
- 3 you can recall?
- A. Right now, yes, to the best of
- 5 my recollection.
- 6 Q. Have you had any contact with
- 7 any management officials of subsidiaries of
- 8 Flowers Foods other than Flowers Baking
- 9 Company of Opelika?
- 10 Any contact with them?
- 11 Q. Yes.
- 12 Business, no; casual, yes. A.
- 13 Have you had any contact with
- 14 distributors of other Flowers subsidiaries?
- 15 When I say other Flowers subsidiaries, I
- 16 mean subsidiaries other than Flowers Baking
- 17 Company of Opelika.
- 18 A. No.
- 19 MR. HISHTA: Shall I continue?
- 20 MS. WEAVER: Yes.
- 21 Q. With the tax returns that we
- 22 discussed earlier today, which I believe was
- 23 2004 through 2006, were those tax returns

# 00253

1 actually sent into the IRS?

- A. Yes.
- 3 And with the -- When we were O.
- 4 discussing the entertainment expenses on the
- 5 tax returns, can you recall any customers,
- 6 perspective customers, or otherwise the
- 7 names of the people that you provided the
- 8 tickets to?
- A. I can't recall immediately.
- 10 MR. HISHTA: I have no further
- 11 questions at this time.
- 12 MR. DAVIS: No questions.
- 13 VIDEOGRAPHER: This ends
- 14 videotape number five and ends the
- 15 deposition. We are off the Record at 5:06
- 16 p.m.
- 17 (The deposition was concluded at 5:15 p.m.,
- 18 April 16th, 2008.)
- 19
- 20
- 21
- 22
- 23

# BAXTER DEFENDANT'S EXHIBIT 27

LEW E. BAXTER DISTRIBUTOR

ROUTE 6065

INTERIM FINANCIAL STATEMENTS

QUARTER ENDED DECEMBER 31, 2004



FBO004554 ATTORNEY'S EYES ONLY

FRANK V. JONES

To the Owner Lew E. Baxter Distributor Montgomery, Alabama

We have compiled the accompanying statement of Assets, Liabilities and Capital - Income Tax Basis of Lew E. Baxter Distributor as of December 31, 2004, and the related statement of Revenues and Expenses - Income Tax Basis for the three and twelve months ended December 31, 2004 and 2003, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. These financial statements have been prepared on the accounting basis used by the company for federal income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The Owner has elected to omit substantially all of the disclosures ordinarily included in the financial statements. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, revenues, expenses, and capital. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying financial statements have been prepared solely from the accounts of Lew E .Baxter Distributor and they do not include the personal accounts of the owner or those of any other operation in which he is engaged. The owner's federal and state income taxes are computed on his total income from all sources. Accordingly, no provision for such taxes is included in these financial statements.

Opelika, Alabama February 1, 2005

Dv. fores

Member.

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

ALABAMA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

GEORGIA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS

FBO004555 ATTORNEY'S EYES ONLY

# Lew E Baxter Distributor Statement of Assets, Liabilities and Capital December 31, 2004

7 %

# Assets

| Other Assets<br>Territory<br>Territory Amortization                                | 42,860.00<br>(3,571.69)                             |
|--|---|
| Total Other Assets   | 39,288.31   |
| Total Assets   | \$ 39,288.31  |
| Liabilities and  | d Capital   |
| Current Liabilities<br>Note Payable - Flowers                                      | \$38,435.94   |
| Total Current Liabilities  | 38,435.94   |
| Capital Owner's Capital Owner's Withdrawals Health Insurance Current Income (Loss) | 10,395.97<br>(47,824.15)<br>(4,000.85)<br>42,281.40 |
| Total Capital  | 852.37  |
| Total Liabilities & Capital  | \$39,288.31   |

See Accountant's Compilation Report

FBO004556 ATTORNEY'S EYES ONLY

6065

## Lew E Baxter Distributor Statement of Revenues and Expenses For the Parind Ended December 11, 2004

|                          | 3 Months Ended |        | ) Months Ended |        | 12 Hoothe Ended | 1      | 2 Months Ended      |        |
|--------------------------|----------------|--------|----------------|--------|-----------------|--------|---------------------|--------|
|                          | Dec. 31, 2004  | Pct    | Onc. 31, 2003  | PCL    | Dec. 31, 2004   | Pct    | Dec. 31, 2003       | Pct    |
|                          |                |        |                |        |                 |        |                     |        |
| Ravenus                  |                |        |                |        |                 |        |                     |        |
| Distributor Disc Earned  | \$18,583.90    | 100.00 | \$12,452,25    | 100.00 | 6 78.161.90     | 100.00 | \$ <u>12,452.25</u> | 100.00 |
|                          |                |        |                |        |                 |        |                     |        |
| Total Revenue            | 18,583.90      | 100.00 | 12,452.25      | 100.00 | 78, 161.90      | 100.00 | 12,452.25           | 100.00 |
|                          |                |        |                |        |                 |        |                     |        |
|                          |                |        |                |        |                 |        |                     |        |
| Operating Expenses       |                |        |                |        |                 |        |                     |        |
| Advertising              | 75.01          | 0.40   | p.00           | 0.00   | 167.01          | 0.21   | 0.00                | 0.00   |
| Auto and Truck Expense   | 2,417.61       | 13.01  | 10.00          | 0.00   | 6.343.92        | 1.12   | 0.00                | 0.00   |
| Administration           | 120.00         | 0.65   | 60.00          | 0.48   | 490.00          | 0.63   | 60.00               | 0.45   |
| Territory Amortization   | 714.34         | 3.84   | 238.11         | 1,91   | 3,333.58        | 4.26   | 236.11              | 1.91   |
| Equipment Rental         | 1.788.00       | 9.62   | 894.00         | 7.18   | 7,301.00        | 9,34   | 894.00              | 7.15   |
| Entertainment 6 Meals    | 10.32          | 0.06   | 0.00           | 0.00   | 28.17           | 0.04   | 0.00                | 0.00   |
| Insurance - Vehicle      | 429.12         | 2.31   | 214.74         | 1.72   | 1,753.35        | 2.24   | 214.74              | 1.72   |
| Interest-Territory       | 1.116.08       | 6.01   | 584.95         | 4.70   | 4,648.20        | 5.95   | 584.95              | 4.70   |
| Niscallanmous            | 240.00         | 1.29   | 3,530.06       | 28.35  | 950.00          | 1.22   | 3,530.06            | 20.35  |
| Office Expense           | 16.91          | 0.09   | 0.00           | 0.00   | 220.04          | 0.28   | 0.00                | 0.00   |
| PBS Shrink Charge        | 427.22         | 2.30   | 0.00           | 0.00   | 427.22          | 0.55   | 0.00                | 0.00   |
| Relief Driver            | 260.00         | 1.35   | 0.00           | 0.00   | 443.67          | 0.57   | 0.00                | 0.00   |
| Repairs and Maintenance  | 104.06         | 0.56   | 9.00           | 0.00   | 490.41          | 0.63   | 0.00                | 0.00   |
| Comuni Labor             | 5.540.00       | 29.81  | 0.00           | 0.00   | 6,240.00        | 7.58   | 0.00                | 0.00   |
| Supplies                 | 101.63         | 0.55   | 0.00           | 0.00   | 321.41          | 0.41   | 0.00                | 9.00   |
| Telephone                | 248.10         | 1.34   | 0.00           | 0.00   | 956.74          | 1,32   | 0.00                | 0.00   |
| Uniform Expense          | 212.15         | 1.14   | 100.00         | 0.80   | 491.78          | 0.63   | 100.00              | 0.80   |
| Warehouse Rent/Utilities | 312.00         | 1.68   | 156.00         | 1.25   | 1,274.00        | 1.63   | 156.00              | 1.25   |
|                          |                |        |                |        |                 |        |                     |        |
| Total Expenses           | I4,122.55      | 75.99  | \$,777.86      | 46,40  | 35,880,50       | 45.91  | 5,777,86            | 45.40  |
|                          |                |        |                |        |                 |        |                     |        |
|                          |                |        |                |        |                 |        |                     |        |
| Net Income (Loss)        | 4,461.35       | 24.01  | 6,674.39       | 53.60  | 6 42,281,40     | 54.09  | 6,674.39            | 53.60  |

See Accountant's Compilation Report

# **BAXTER DEFENDANT'S EXHIBIT 28**

LEW BAXTER DISTRIBUTOR ROUTE 6065

INTERIM FINANCIAL STATEMENTS QUARTER ENDED DECEMBER 31, 2005



Frank V. Iones CERTIFIED PUBLIC ACCOUNTANT

To the Owner Lew E. Baxter Distributor Montgomery, Alabama

We have compiled the accompanying statement of Assets, Liabilities and Capital - Income Tax Basis of Lew E. Baxter Distributor as of December 31, 2005, and the related statement of Revenues and Expenses - Income Tax Basis for the three and twelve months ended December 31, 2005 and 2004, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. These financial statements have been prepared on the accounting basis used by the company for federal income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The Owner has elected to omit substantially all of the disclosures ordinarily included in the financial statements. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, revenues, expenses, and capital. Accordingly, these financial statements are not designed for those who are not informed about such

The accompanying financial statements have been prepared solely from the accounts of Lew E .Baxter Distributor and they do not include the personal accounts of the owner or those of any other operation in which he is engaged. The owner's federal and state income taxes are computed on his total income from all sources. Accordingly, no provision for such taxes is included in these financial statements.

Opelika, Alabama February 5, 2006

Member:

AMERICAN INSTITUTE OF **CERTIFIED PUBLIC ACCOUNTANTS** 

ALABAMA SOCIETY OF CERTIFIED PUBLIC **ACCOUNTANTS** 

GEORGIA SOCIETY OF CERTIFIED PUBLIC **ACCOUNTANTS** 

FBO004571 ATTORNEY'S EYES ONLY

# Lew E Baxter Distributor Statement of Assets, Liabilities and Capital December 31, 2005

## Assets

|  | 6,734.35                                       |           |
|--|--|-----------|
| Total Fixed Assets   |  | 6,734.35  |
| Other Assets<br>Territory<br>Territory Amortization                                | <b>42,860.00</b><br>(6,429.01)                 |           |
| Total Other Assets   |  | 36,430.99 |
| Total Assets   | \$   | 43,165.34 |
| Liabilities and  | Capital  |           |
| Current Liabilities<br>Note Payable - Flowers                                      | \$ 35,898.51                                   |           |
| Total Current Liabilities  |  | 35,898.51 |
| Capital Owner's Capital Owner's Withdrawals Health Insurance Current Income (Loss) | 852.37<br>(41,257.62)<br>(588.01)<br>48,260.09 |           |
| Total Capital  |  | 7,266.83  |
| Total Liabilities & Capital  | \$   | 43,165.34 |

See Accountant's Compilation Report

FBO004572 ATTORNEY'S EYES ONLY

Lew E Baxter Distributor Statement of Revenues and Expenses For the Period Ended December 31, 2005 600

|    |                                       | J Howthe Ended     |        | ) Nonthe Ended |        | 12 Months Ended |        | 2 Months Ended |        |
|----|---------------------------------------|--------------------|--------|----------------|--------|-----------------|--------|----------------|--------|
|    |                                       | Dec. 31, 2005      | PEL    | Dec. 31, 2004  | Pct    | Dec. 31, 2005   | PCt    | Dec. 31, 2004  | PCt    |
|    |                                       |                    |        |                |        |                 |        |                |        |
| 1  | Revenue                               |                    |        |                |        |                 |        |                |        |
|    | Distributor Disc Barned               | 6 <u>22,522.46</u> | 100.90 | \$18,583.90    | 100.00 | 6 93,017.83     | 100.00 | 6 78,161.90    | 100.00 |
|    |                                       |                    |        |                |        |                 |        |                |        |
|    | Total Revenue                         | 72,522.46          | 100.00 | 18,583.90      | 100.00 | 93,017.83       | 100.00 | 78,161.90      | 100.00 |
|    |                                       |                    |        |                |        |                 |        |                |        |
|    |                                       |                    |        |                |        |                 |        |                |        |
|    |                                       |                    |        |                |        |                 |        | •              |        |
| ·  | Operating Expenses                    |                    | 0.00   | 75.01          | 0.40   | 0.00            | 0.00   | 167.01         | 0.21   |
|    | Advertising                           | 0.00               | 7.59   |                | 13.01  | 7,648.27        | 8.22   | 6.343.92       | 6.12   |
|    | Auto and Truck Expense Administration | 1.709.77           |        | 2,417.61       | 0.65   | . 984.44        | 1.06   | 490.00         | 0.63   |
|    |                                       | 594.44             | 2.64   |                |        | •               | 3.07   | 3,333,50       | 4.26   |
|    | Territory Amortization                | 714.33             | 1.17   | 714.34         | 3.84   | 2,857.32        |        | - •            |        |
|    | Equipment Rental                      | 2,092.44           | 9.29   | 1,788.00       | 9.62   | 8,110.78        | 8.72   | 7,301.00       | 9.34   |
|    | Entertainment & Meals                 | 396.67             | 1.36   | 10.32          | 0.06   | 1,631.16        | 1.75   | 26.17          | 0.04   |
|    | Insurance - Vehicle                   | 1,753.57           | 7.79   | 429.12         | 2.31   | 3,147.04        | 3.30   | 1,753.35       | 2.24   |
|    | Interest-Territory                    | 967.24             | 4.29   | 1,116.00       | 6.01   | 4,629.32        | 4.98   | 4,648.20       | 5.95   |
|    | Niscellaneous                         | 0.00               | 0.60   | 240.00         | 1.29   | 939.92          | 0.90   | 950.00         | 1.22   |
|    | Office Expense                        | 32.19              | 0.14   | 16.91          | 0.09   | 79,43           | 0.09   | 220.04         | 0.18   |
|    | Personal Auto-Mileage                 | 0.90               | 0.00   | 0.00           | 0.00   | 20.72           | 0.02   | 0.00           | 0.00   |
|    | PBS Shrink Charge                     | 50.30              | 0.26   | 427.22         | 2.10   | [ 71.39) (      | 0.08)  | 427.32         | 0.55   |
|    | Relief Driver                         | 429,43             | 1.89   | 730.00         | 1.35   | 794.99          | 0.85   | 443.67         | 0.57   |
|    | Repairs and Maintenance               | 0.00               | 0.00   | 104.06         | 0.56   | 2,409.82        | 2.59   | 490.41         | 0.63   |
|    | Casual Labor                          | 1,800.00           | 7.99   | 5,540.00       | 29.81  | 7,075.00        | 7.61   | 6,240.00       | 7.98   |
|    | Bupplies                              | 378.91             | 1.68   | 101.63         | 0.35   | 785.53          | 0.84   | 321.41         | 0.41   |
| •  | Telephone                             | 374.55             | 1.66   | 248.10         | 1.34   | 0/62,578.33     | 1.70   | 956 -: ZA      | 1.22   |
| ,  | Uniform Expense                       | 0.00               | 0.00   | 212.15         | 1.14   | 007.02          | 0.95   | 491.70         | 0.63   |
| -3 | Warshouse Rent/Utilities              | 338.00             | 1.50   | 312.00         | 1.68   | 1,352.00        | 1.45   | 1,274.00       | 1.63   |
|    |                                       |                    |        |                |        |                 |        |                |        |
|    | Total Expenses                        | 11.545.80          | 51.26  | 14,122.55      | 75.99  | 44,757.74       | 40.12  | 35, 880.50     | 45.91  |
|    |                                       |                    |        |                |        | 42187.51        |        |                |        |
|    |                                       |                    |        |                |        | T               |        |                |        |
|    |                                       |                    |        |                |        |                 |        |                |        |
|    | Net Income (Loss) (                   | 10,976.66          | 48.74  | \$ 4,461.35    | 24.01  | \$ 48,260.09    | 51.88  | 6 42,281.40    | 54.09  |

See Accountant's Compilation Report

FBO004573 ATTORNEY'S EYES ONLY

# **BAXTER DEFENDANT'S EXHIBIT 29**

# LEW BAXTER DISTRIBUTOR ROUTE 6065

INTERIM FINANCIAL STATEMENTS QUARTER ENDED DECEMBER 31, 2006 .



Frank V. Iones

To the Owner Lew E. Baxter Distributor Montgomery, Alabama

I have compiled the accompanying statement of Assets, Liabilities and Capital - Income Tax Basis of Lew E. Baxter Distributor as of December 31, 2006, and the related statement of Revenues and Expenses - Income Tax Basis for the three and twelve months ended December 31, 2006 and 2005, in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. These financial statements have been prepared on the accounting basis used by the company for federal income tax purposes, which is a comprehensive basis of accounting other than generally accepted accounting principles.

A compilation is limited to presenting in the form of financial statements information that is the representation of management. I have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

The Owner has elected to omit substantially all of the disclosures ordinarily included in the financial statements. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the Company's assets, liabilities, revenues, expenses, and capital. Accordingly, these financial statements are not designed for those who are not informed about such matters.

The accompanying financial statements have been prepared solely from the accounts of Lew E .Baxter Distributor and they do not include the personal accounts of the owner or those of any other operation in which he is engaged. The owner's federal and state income taxes are computed on his total income from all sources. Accordingly, no provision for such taxes is included in these financial statements.

Opelika, Alabama February 7, 2007

Member:

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

> ALABAMA SOCIETY OF CERTIFIED PUBLIC **ACCOUNTANTS**

**GEORGIA SOCIETY** OF CERTIFIED PUBLIC **ACCOUNTANTS** 

FBO004587 ATTORNEY'S EYES ONLY

# Lew E Baxter Distributor Statement of Assets, Liabilities and Capital December 31, 2006

# Assets

| Fixed Assets Vehicles Accumulated Depreciation Other Assets Territory Territory Amortization  | 6,734.35<br>(6,734.35)<br>42,860.00<br>(9,286.33)                            |           |
|---|--|-----------|
| Total Other Assets  | -  | 33,573.67 |
| Total Assets  | \$ _   | 33,573.67 |
| Liabilities and   | d Capital  |           |
| Current Liabilities<br>Note Payable - Flowers   | \$33,080.24  |           |
| Total Current Liabilities   |  | 33,080.24 |
| Capital Owner's Capital Owner's Draw-Contributions Owner's Withdrawals Health Insurance Owner's Draws-Contributions Current Income (Loss) | 7,731.27<br>( 430.00)<br>(51,469.84)<br>(2,117.00)<br>( 180.00)<br>46,959.00 |           |
| Total Capital   | _  | 493.43    |
| Total Liabilities & Capital   | \$_  | 33,573.67 |

See Accountant's Compilation Report

FBO004588 ATTORNEY'S EYES ONLY

### Lew R Baxter Cistributor Statement of Revenues and Expenses For the Period Ended December 31, 2006

| 1                          | Nontha Ended |        | 3 Months Exied      |        | 12 Months Ended | 12     | Months Roded     |        |
|----------------------------|--------------|--------|---------------------|--------|-----------------|--------|------------------|--------|
|                            |              | Pct    | Dec. 31, 2005       | Pct.   | Dec. 31, 2006   | Pct    | Dec. 31, 2005 Pc | ==     |
| _                          |              |        |                     |        |                 |        |                  |        |
| Revenue                    |              |        |                     |        |                 |        |                  |        |
| Distributor Disc Farmed \$ | 19,622.03    | 100.00 | S 22,522.45         | 100.00 | 5 \$1,548.64    | 99.92  | 93,017.93 10     | 00,00  |
| Other Income               | 3.00         | 1.00   | 3.20                | 0.00   | 56.28           | 0.38   | 0.20             | 2, 36  |
|                            |              |        |                     |        |                 |        |                  |        |
| Total Revenue              | 19,622.03    | 100.00 | 22,522.46           | 100.00 | 91, 614.92      | 100.00 | 93,017.81 10     | 00.00  |
|                            |              |        |                     |        |                 |        | ,                |        |
|                            |              |        |                     |        |                 |        |                  |        |
|                            |              |        |                     |        |                 |        |                  |        |
| Operating Expenses         |              |        |                     |        |                 |        | •                |        |
| Auto and Truck Dipense     | 0.00         | 0.00   | 1,759.77            | 7.59   | 5,467.38        | 6.70   | 7,548.17         | 3.22   |
| Administration             | 234,00       | 1.19   | 594.44              | 2.64   | 536.00          | 2_15   | 984.44           | 1.0€   |
| Territory Ascrtimation     | 714.33       | 3.64   | 714.33              | 3.17   | 2,857.32        | 3.50   | 2,857.12         | 3.07   |
| Depreciation-Vehicle       | 0.00         | 0.00   | 9,00                | 0.00   | 6,734.35        | 8.25   | 0.10             | 0.00   |
| Dues and Subscriptions     | 0.00         | 9.00   | 3.30                | 0.00   | 76.30           | 0.09   | 0,15             | 0.00   |
| Equipment Rental           | 287.91       | 1.47   | 2,092.44            | 9.29   | 1,371.30        | I.68   | 6,110.78         | 8.72   |
| Entortainment & Meals      | 9.00         | 3.0g   | 366.67              | 1.34   | 953.31          | 1.17   | 1,631.15         | 1.75   |
| Insurance - 7ehille        | 628.01       | 1.20   | 1,753.57            | 7.79   | 2,650.53        | 3.25   | 3,147.34         | 3.35   |
| Interest-Territory         | 569.50       | 3.41   | 967.34              | 4.29   | 2,809.27        | 3.44   | 4,629.12         | 4.38   |
| Miscellaneous              | 520.00 X     | 2.65   | 9,00                | 0.00   | 1,420.00        | 1.74   | 25.82            | 2.90   |
| Office Expense             | 9.00         | 0,00   | 32.25               | 0.14   | 16.77           | 9.02   | 79.43            | 0.09   |
| Personal Auco-Mileages     | 0.00         | 0.00   | 3.30                | 0.00   | 0.00            | 0.00   | 20.72            | 0.02   |
| PMS Shrink Charge          | ( 9.63)      | 0.05)  | 58.30               | 0.26   | 28.30           | 0.03   |                  |        |
| Relief Driver              | 197.15       | 2.03   | 425.43              | 1.89   | 447.39          | 9.55   | 794.39           | 0.85   |
| Repairs and Maintenament   | 9.00         | 0.00   | 3.30                | 0.00   | 831.47          | 1.02   | 2,409.82         | 2.59   |
| Casual Labor               | 9.00         | 0.00   | 1,000.00            | 7.99   | 5,060.30        | 6.20   | 7,075.20         | 7.61   |
| Supplies                   | 0.00         | 0.00   | 378.91              | 1.68   | 306.22          | 0.30   | 785.93           | U.84   |
| Telephone                  | 0.00         | 0.00   | 374.55              | 1.66   | 1,172.77        | I.44   | 1,578.33         | 1.70   |
| Uniform Expense            | 0.00         | 3.00   | 9.30                | 0.00   | 163.68          | 9.20   | 887.72           | 0.95   |
| Warehouse Rent/C-11-1-es   | 138.00       | 1.72   | 339.30              | 1.50   | 1,352.00        | 1.66   | 1,352.20         | 1.45   |
| Total Expenses             | 3,779.47     | -9.75  | 11,545.20           | 97 76  | 34,655.92       | 42.46  | _44.757.74 4     | 44.22  |
| torat expenses             | 3,713.47     |        |                     | 32.40  |                 |        |                  |        |
|                            |              |        |                     |        |                 |        |                  |        |
|                            |              |        |                     |        |                 |        |                  |        |
| Bet Income (Loss) \$       | 15,042.56    | 80.74  | \$ <u>10,976.66</u> | 48.74  | \$ 46,959.00    | 97.54  | 48,240.09        | \$1.88 |

See Accountant's Compilation Report

# **BAXTER DEFENDANT'S EXHIBIT 30**

Financial Statements of
Lew E Baxter Distributor
For the Period Ended December 31, 2007



# Lew E Baxter Distributor Statement of Assets, Liabilities and Capital December 31, 2007

### Assets

|   | Fixed Assets Vehicles Accumulated Depreciation Other Assets Territory Territory Amortization                  | 6,734.35<br>(6,734.35)<br>42,145.66<br>(11,429.35)         |           |
|---|---|--|-----------|
|   | Total Other Assets  | -  | 30,716.31 |
|   | Total Assets  | \$ _   | 30,716.31 |
|   | Liabilities   | and Capital  |           |
|   | Current Liabilities<br>Note Payable - Flowers   | \$29,893.51  |           |
|   | Total Current Liabilities   |  | 29,893.51 |
| ) | Capital Owner's Capital Owner's Draw-Contributions Owner's Withdrawals Health Insurance Current Income (Loss) | 493.43<br>(179.43)<br>(60,439.30)<br>(966.19)<br>61,914.29 |           |
|   | Total Capital   | -  | 822.80    |
|   | Total Liabilities & Capital   | \$ .   | 30,716.31 |

See Accountant's Compilation Report

# Low E Baxter Distributor Statement of Revenues and Expenses For the Period Ended December 31, 2007

|                         | 3 Nonthe Ended | 2       | Nonths Ended        |         | 12 Months Ended     | 1:               | 2 Months Ended  |        |
|-------------------------|----------------|---------|---------------------|---------|---------------------|------------------|-----------------|--------|
|                         | _Deg. 31. 2007 | Pct     | Dec. 31, 2005       | Pct.    | Dec. 31, 2007       | Pct              | Deo. 31, 2006   | Pct    |
| Revenue                 |                |         |                     |         |                     |                  |                 |        |
| Distributor Disc Barned | 5 19,929.21    | 100.00  | 19,622.03           | 100.00  | \$ 82,621.00        | 100,00           | \$ \$1,348.64   | 99.92  |
| Other Income            | 0.00           | 0.00    | 0.00                | 0.00    | 0.00                | 0.00             | 66,28           | 0,0    |
| Total Revocue           | 19,929.21      | 100.00  | 19,622.03           | 100.00  | 62,621,00           | 100.00           | 81,614,92       | 100.00 |
| Operating Expenses      |                |         |                     |         |                     |                  |                 |        |
| Auto and Truck Expense  | 0.00           | 0,00    | 0.00                | 0.00    | 1,723.71            | 2.09             | 5,467.38        | 6.7    |
| Administration          | 234,00         | 1.17    | 234.00              | 1.19    | P54.00              | 1.15             | 936.00          | 1.19   |
| Territory Amortization  | 714.34         | 3.50    | 714.33              | 3.64    | 2,657.36            | 3.46             | 2,057.32        | 3.5    |
| Depreciation-Vehicle    | 0.00           | 0,00    | 0.00                | 0.00    | 0.00                | 0.00             | 6,734.35        | 8.2    |
| Dues and Eubecriptions  | 0.00           | 0.00    | 0,00                | 0.00    | 0.00                | 0.00             | 76.00           | 0.0    |
| Equipment Rental        | 0,00           | 0.00    | 287.91              | 1.47    | \$53.33             | 0.67             | 1,371.30        | 1.6    |
| Entertainment & Meals   | 0.00           | 0.00    | 0.00                | 0.00    | 453,10              | 0.55             | 953.01          | 1.1    |
| Ingurance - Vehicle     | 791.67         | 3.97    | 628.01              | 3,20    | 3,251.27            | 3.94             | 2,650.83        | 3.2    |
| Interest-Territory      | 573.09         | 2.00    | 669.90              | 3.41    | 2,348.93            | 3.09             | 2,809.17        | 3.4    |
| Miscellansous           | 500.00         | 2.51    | 520.00              | 2.65    | 2,080.00            | 2.52             | 1,420.00        | 1.7    |
| Office Expense          | 00,0           | 0.00    | 0.00                | 0.00    | 0.00                | 0.00             | . 16.77         | 0.0    |
| PBS Shrink Charge       | ( 16.26)       | ( 0.08) | ( 9.63)             | ( 0.05) | 95.23               | 0.12             | 28,30           | 0.0    |
| Relief Driver           | 300.00         | 1.91    | 397.35              | 2,03    | 776.87              | 0.94             | 447.35          | 0.5    |
| Repairs and Maintenance | 0.00           | 0.00    | 0.00                | 0.00    | 386,63              | 0.47             | 833.47          | 1.0    |
| Casual Labor            | 0.00           | 0.00    | 0.50                | 9.00    | 3,120.00            | 3.78             | 5,060.00        | 6.2    |
| āupplies                | 0.00           | 0.00    | 0.00                | 0,00    | 397.22              | 0.46             | 306.22          | 0.3    |
| Telaphone               | 0.00           | 0.00    | 0.00                | 0.00    | 0.00                | 0.00             | 1,172.77        | 1.4    |
| Unifors Expense         | 0.00           | 0.00    | 0.00                | 0.00    | 131.06              | 0.16             | 163.66          | 0.2    |
| Warehouse Went/Utilitie | 338,00         | 1,70    | 338.00              | 1.72    | 1,378.00            | 1.67             | 1,352.00        | 1.6    |
| Total Expenses          | 3,434.84       | 17.24   | 3,779,47            | 19,26   | 20,706.71           | 25.06            | 34,659.92       | 42.4   |
| Net Income (Loss)       | \$16,494,37    | 82,76   | \$ <u>15,842,56</u> | 80.74   | \$ <u>61,914.29</u> | <u>. 74 . 94</u> | <br>\$46,939.00 | 57,5   |

See Accountant's Compilation Report

# **BAXTER DEFENDANT'S EXHIBIT** 31

| 200 | ЛΤ  | AΥ | REI | TT 1 |   | N |
|-----|-----|----|-----|------|---|---|
| 200 | ~ . |    |     |      | - |   |

Preparer Review Copy

Client

200316

Prepared for: Lew E and Susan R Baxter

Prepared by:

Frank V. Jones, CPA

Date:

March 22, 2008

Comments:

Route to:

FD9L2001L 04/07/04

DEFENDANT'S EXHIBIT BARTER

FBO007132

**CLIENT 200316** 

# FRANK V. JONES, CPA

March 22, 2008

Lew E and Susan R Baxter

Dear Lew & Susy,

Enclosed is your 2004 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$8,816.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 15, 2005 to:

# INTERNAL REVENUE SERVICE P.O. BOX 105017 ATLANTA, GA 30348-5017

Enclosed is your 2004 Alabama Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$1,932.

Make your check payable to the "Alabama Department of Revenue" and mail your Alabama return with Form 40V payment youther on or before April 15, 2005 to:

> ALABAMA DEPARTMENT OF REVENUE P.O. BOX 2401 MONTGOMERY, AL 36140-0001

Please be sure to call if you have any questions.

Sincerely,

| Label   Label   Company    | Form 1040            | Capariment of the Treasury — Internal Revenue Service U.S. Individual Income Tax R | teturn 2004                          |                              |   |
|--|----------------------|--|--------------------------------------|------------------------------|---|
| Comparison   Com   | Form 10-TO           |  |                                      |                              |   |
| Lev E Baxtor   |                      |  |                                      |                              |   |
| Use the BS laber   Presidential      |                      |  |                                      |                              |   |
| Sustain R   Baxter   Sustain R   Baxter   Sustain R   Baxter   Sustain R   Baxter   Sustain R   Baxter   Sustain R   Baxter   Sustain R   Sustain R   Baxter   Sustain R   S   | (nee illennencies)   |  | act name                             |                              |   |
| Otherwise, please print for Yype.  Presidential Election Compaging day industrial. All 36022 Market Street  |                      |  | tef thindin                          |                              | , in the second |
| please print or type.  The of type.  City, town of post article. If you here a brisky editors, asso instruction.  Deat swill. At 36022  Notice Checking Yes' will not change your ber or rectude your return.  Campaign.  Do you, or your spouse if fining a joint froath, ment 33 to go to bits Jund?  Presidential death of the post spouse of |                      | Susan R Baxter   |                                      | Aug Aug La                   |   |
| Presidential Election   Presidential   Presidenti   |                      |  | ras.                                 | Aparonent no,                |   |
| Deat systille, AL 36022   Death of the properties of the propert   |                      |  |                                      |                              |   |
| Mote Checking ** Your Spots **   Your Spots **   You Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   You Spots **   You Spots **   Your Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   You Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   You Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   Your Spots **   You Spots **   Your Spots **   Your Spots **   Your Spots **   You Spots **   Your Spots **   You   |                      | • •  | shetop. Si                           | ata ZIP coda                 | security familiar (a) above.  |
| Campisting Status   See   National Change your base or reduce your refund,   You   You   You   See   National Change your base or reduce your trefund,   You   Y   |                      | Deatsville, AL 36022   |                                      |                              |   |
| Standard   Companies   Compa   |                      | Note: Checking 'Yes' will not change your ta                                       | w or reduce your refund              | Ye                           |   |
| Check only one box   Check on the check    |                      | Do you, or your spouse if filing a joint return                                    | , want \$3 to go to this fund        | ? <u></u>                    | X No Yes X No   |
| Check only One Dook   Service   Committe   | Elling Status        | 1 Single   | 4 Head                               | of hausehold (with qui       | alifying person). (See  |
| Check only one box.    Complete only one box.   Complete one bear.   Com | riling Status        | 2 X Married filing jointly (even if only one had inc                               | instru                               | uctions.) If the qualifyin   | g person is a child   |
| Exemptions  6  | O) 1 1               | <b>₩</b>   | · DULL                               | o here.                      | er uns china s  |
| Exemptions  6a   Yourself, if someone can daim you as a dependent, do not check box 6a.   cets witch a cets witch a cets witched   cets witch a cets |                      |  | <del> </del>                         | ving widow(er) with depender | nt child (see instructions)   |
| b Spouse. c Dependents:    CDependent's   CODependent's   CODependent's   CODependent's   CODependent's   CODEPENDENT   CODEPEND |                      | ···  |                                      |                              | Boxes checked   |
| If more than four dependents, see instructions.  If more than four dependents, four dependents of the see instructions.  If more than four dependents, see instructions.  Income  If we ges, salaries, tips, etc. Attach Form(s) W-2.  Income  It was defined.  It that Form(s) W-2.  It was withined.  If you do not get a W-2 salaries. If you do not get a W-2 salaries. If you do not get a W-2 salaries to not include on line 8 salaries. If you do not get a W-2 salaries to not include on line 8 salaries. If you do not get a W-2 salaries to not include on line 8 salaries. If you do not get a W-2 salaries to not include on line 8 salaries to not include on line 8 salaries. If you do not get a W-2 salaries to not include on line 8 salaries to 10 salaries to not include on line 8 salaries to 10 salaries  | Exemptions           |  |                                      | CK DOX DZ                    |   |
| If more than four dependents, see instructions, see instructions, see instructions.  Income  I |                      | B A Spause,  | CA Dependent's C                     | N Donondonto (4              |   |
| If more than four dependents, see instructions.    Income  |                      | c Dependents:  |                                      | relationship 44              |   |
| If more than four dependents, see instructions.  |                      |  |                                      | to you shild                 | CTICL S. ALL  |
| If more than four dependents, see instructions.  d Total number of examptions claimed  |                      |  |                                      |                              | (using) five with you   |
| If more than four dependents, see instructions.  d Total number of examptions claimed  7 Wages, salaries, tips, etc. Attach Form(s) W-2.  8a Taxable interest. Attach Schedule 8 if required  8b Taxesempt Interest. Do not include on line 8a.  9a Cridinary dictoria, Attach Schedule 8 if required  9a Cridinary dictoria, Attach Schedule 8 if required  9a Cridinary dictoria, Attach Schedule 9 if required  9a Cridinary dictoria, Attach Schedule 9 if required  9a Cridinary dictoria, Attach Schedule 9 if required  9a Cridinary dictoria, Attach Schedule 9 if required  9a Cridinary dictoria, Attach Schedule 9 if required  9a Cridinary dictoria, Attach Schedule 9 if required  11 Allmony necetived.  12 Eusiness income or (loss). Attach Schedule 0 or C-EZ.  13 Copilate income or (loss). Attach Schedule 0 or C-EZ.  14 Cher gains or (losses). Attach Form 4797.  15 IRA distributions.  15a   5   5   5   5   5   5   5    16a Pensions and unruities.  16a   6   571.  17 Rental real estate, royalles, partnerships, S corporations, frusts, etc. Attach Schedule E.  17 Rental real estate, royalles, partnerships, S corporations, frusts, etc. Attach Schedule E.  17   10   10   11   12   12   13   15    18   5   10   10   10   10    19   10   10   11   11   11   11   11  |                      |  |                                      |                              | or caparation   |
| d Total number of exemptions claimed   |                      |  | <u> </u>                             |                              |   |
| d Total number of exemptions claimed   |                      |  |                                      |                              | en de poi   |
| Income   Wages, selectes, tips, etc. Attach Form(s) W-2   7   29, 396.   | four dependents,     |  |                                      |                              |   |
| Tourishe interest Attach Schedule 8 if required   Section   Sect   |                      | d Total number of exemptions claimed   |                                      |                              |   |
| Attach Form(s)  Attach Form(s)  W.2 here. Also W.2 here. Also W.3 here. Also W.3 here. Also W.4 here. Also W.5  |                      |  |                                      |                              |   |
| b Tax-excempt Interest. Do not include on line 8a   8b   9a   Crdinary dividends. Attach Schedule B if required   9b   3a   47,305, to coult dive line in it.  ## After and 1999-R If tax was withheld.  ## You did not get a W.2, 13 Capital gain or (loss). Attach Schedule C or C-EZ.   12   47,305, as instructions.   15a   1   | Income               |  |                                      |                              |   |
| ## Colorary dividends. Attach Schedule B if required   |                      | b Tax-exempt interest. Do not include on   | ins 8a 8b                            |                              |   |
| ## Percent Altio states from switch and 1099-R 10 Taxable refunds, credits, or offsats of state and local income laws (see instructions) 10 Taxable refunds, credits, or offsats of state and local income laws (see instructions) 11 Altimony received. 11 Altimony received. 11 Altimony received. 12 Business income or (loss). Attach Schedute C or C-EZ. 12 47, 306. 13 Capital gats or (loss). Attach Schedute C or C-EZ. 13 75. Which is a state in the state of the  | Harb Corm(s)         | 9 n Ordinary dividends, Attach Schedule B  | f required                           |                              | 9a  |
| Taxable refunds, credits, or offsate of state and local income taxes (see instructions).   10  |                      | b Qualify dive   | 96                                   |                              | <b>1970</b>   |
| If tax was withhield.  If you did not get a W.Z.  See instructions.  It Copies gain or (loss). Attach Schedule C or C-EZ.  It Copies gain or (loss). Attach Form 4797.  Rollover  It Copies gain or (loss). Attach Form 4797.  Rollover  It Copies gain or (loss). Attach Form 4797.  Rollover  It Copies gain or (loss). Attach Form 4797.  Rollover  It Copies gain or (loss). Attach Form 4797.  Benciose, but do not attach, any partnerships. S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Rambal real estats, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.  It Copies gain or (loss). Attach Schedule F.  It Dumployment compensation.  It Adjusted Secial security benefils.  It Copies gain or (loss). Attach Schedule F.  It Other income Qualified Truition Program Earnings  It Copies gain or (loss).  It Copies gain or (loss). Attach Form 1905 and | attach Forms         | 10 Taxable refunds, credits, or offsats of state and lot                           | al income laxes (see instructions) . |                              |   |
| if you did not got a W-2, see instructions.  13 Capital gain or (loss). Att Sch D if read. If mat read, ck bere.  14 Other gains or (losses). Attach Form 4797.  15 IFRA distributions.  15 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFRA distributions.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  16 IFFA Pensions and enrutities.  17 IFFA Pensions and enrutities.  18 IFFA Pensions and enrutities.  19 Unemployment compensation.  19 Unemployment compensation.  19 IFFA Pensions according to the ferriciph column for lines 7 through 21. This is your total income.  20 IFFA Distributions.  21 Other imcome Oualified Tultion Program Earnings  22 Add the amounts in the fer right column for lines 7 through 21. This is your total income.  23 IFFA Distributions.  24 Ortain business expenses of inservists, perfaming artists, and fee-basis government officials. Altach Form 2105 or 2105-E7.  25 IFFA deduction (see Instructions).  26 Student loan Interest deduction.  27 IfFA deduction (see Instructions).  28 Student loan Interest deduction. Attach Form 8899.  29 Moving expenses. Attach Form 9903.  20 One-half of self-employed health insurance deduction (see Instructions).  30 One-half of self-employed health insurance deduction (see Instructions).  31 Self-employed SEP, SIMPLE, and qualified plans.  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Add Illines 23 through 34s.  34 Add Illines 25 through 34s.   | if tax was withhold. | 11 Alimony received  |                                      |                              |   |
| The instructions.  14 Other gains or (losses). Attach Form 4797.  15 IRA distributions.  16 Is Pensions and annuities.  16 Is Pensions and annuities.  16 Is Pensions and annuities.  16 Is Pensions and annuities.  17 Retrial real estata, royalties, partnerships, S corporations, trusts, etc. Attach Schadule E.  18 Farm Income or (loss). Attach Schadule F.  19 Unamployment compensation.  20 Is Seela security benefils.  20 Is Seela security benefils.  20 Is Chrimone Qualified Tuition Program Earnings  21 Is Is Is It Is Is It I | Maria alla mod       | 12 Business Income or (loss). Attach Sche  | dule C or C-EZ.,                     |                              |   |
| 14 Other gains or (losses). Attach Form 4797.   15 m   17 m   18 m   18 m   16 m   1   |                      | 13 Capital gain or (loss). Att Sch D if reqd. If not requ                          | l, ck berg                           | ► 📙                          |   |
| Rollover  16a Pensions and annuities 16a 6,571. b Taxable amount (see instrs) 16b 6,212.  17 Rental real estata, royalties, partnerships, S corporations, trusts, etc. Attach Schadule E 17  18 Farm Income or (loss). Attach Schadule F 18  19 Unamployment compensation 20   | see instructions.    |  |                                      |                              |   |
| Enclose, but do not attach, any partnerships, S. corporations, trusts, etc. Attach Schedule E 17  Enclose, but do not attach, any payment, Also, please use Form 1840-V. 20 a Social security benefits 20 a b Taxable amount (see Instrs) 20 b  20 a Social security benefits 20 a b Taxable amount (see Instrs) 20 b  21  |                      |  |                                      |                              |   |
| Enclose, but do not attach, any payment. Also, please use Form 1840-V.  20 a Social accurity benefits.  21 Other income Oualified Tuition Program Earnings  22 Add the amounts in the fer right column for lines 7 through 21. This is your total income.  23 Educator expenses (see instructions).  24 Ortain business expenses of reservists, performing artists, and fee-basis government officials. Altach Form 2106 or 2106-EZ.  25 Encome  26 Student loes instructions).  27 Tuition and fees deduction (see instructions).  28 Student loes interest deduction (see instructions).  27 Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 9903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed Self, SIMPLE, and qualified plans.  32 Self-employed Self, SIMPLE, and qualified plans.  33 Penalty on early withdrawal of savings.  34 Alimany paid. b Recipient's SSN.  35 Add lines 23 through 34s.  35 Add lines 23 through 34s.   | Rollover             | 16a Pensions and annuities 16a   | 6,5/1. b Texable                     |                              |   |
| 19 Unemployment compensation payment Also, please use Form 1840-V. 20 a Social security benefits   |                      |  |                                      |                              |   |
| payment. Also, please use Form 1040-V.  20 a Social security benefits  |                      |  | F                                    |                              |   |
| Ditar into the Count of the Interest Count of the Count o |                      |  | h Tanahi                             |                              |   |
| Adjusted Adjusted Certain business expenses of reservists, performing artists, and fee-basis government officials. Atlach Form 2106 or 2106-EZ.  25 Income 26 Student loan interest deduction (see instructions).  27 Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 3903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed health insurance deduction (see instructions).  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Pernalty on early withdrawal of savings.  34 Alimany paid is Recipient's SSN.  34 Alimany paid is Recipient's SSN.  35 Add lines 23 through 34s.  36 This is your total income.  23 95,542.  95,542.  94.  95,542.  95,542.  95 95,542.  95 95 95 95 95 95 95 95 95 95 95 95 95  | please use           | 21 Attribute Out 1 field Triftion  | Program Farnings                     | e annount (see nears)        |   |
| Adjusted 24 Ortain business expenses of reservists, performing artists, and fee-basis government officials. Atlach Form 2106 or 2106-EZ.  Income 25 IRA deduction (see instructions). 26 Student loan interest deduction (see instructions). 27 Tuition and fees deduction (see instructions). 28 Health savings account deduction. Atlach Form 8889. 29 Moving expenses. Atlach Form 9903. 29 Moving expenses. Atlach Form 9903. 30 One-half of self-employment tax. Attach Schedule SE. 31 Self-employed health insurance deduction (see instructions). 32 Self-employed SEP, SIMPLE, and qualified plans. 33 Pernatty on early withdrawal of savings. 34 Alimany paid is Recipient's SSN. 35 Add lines 23 through 34s. 35 Add lines 23 through 34s.   | PORTE INTO-A.        | 22 Add the amounts in the far right column   | for lines 7 Horsigh 21. This         | Is war total Income          |   |
| Income  25 IRA deduction (see instructions).  26 Student loan interest deduction (see instructions).  27 Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 3903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed health insurance deduction (see instrs).  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Perretty on early withdrawal of savings.  34 Alimany paid is Recipient's SSN.  34 Alimany paid is Recipient's SSN.  35 Add lines 23 through 34s.  36 4,007.   |                      | ·  |                                      | 13 your tour meaning.        | 100000  |
| Income  25 IRA deduction (see instructions).  26 Student loan interest deduction (see instructions).  27 Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 3903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed health insurance deduction (see instrs).  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Pernalty on early withdrawal of savings.  34 Alimany paid is Recipient's SSN.  34 Alimany paid is Recipient's SSN.  35 Add lines 23 through 34s.  35 Add lines 23 through 34s.  36 4 A 007.   | Adluntod             |  |                                      |                              |   |
| Income  25 IRA deduction (see instructions).  26 Student loan interest deduction (see instructions).  27 Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 3903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed health insurance deduction (see instrs).  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Perretty on early withdrawal of savings.  34 Alimany paid is Recipient's SSN.  34 Alimany paid is Recipient's SSN.  35 Add lines 23 through 34s.  36 4,007.   |                      | covernment officials. Attach Form 2106 or 2106-E2                                  | 24                                   |                              |   |
| 28 Student loan interest deduction (see instructions). 26 27 Tuition and fees deduction (see instructions). 27 28 Health savings account deduction. Attach Form 8889. 28 29 Moving expenses. Attach Form 3903. 29 30 One-half of self-employment tax. Attach Schedule SE. 30 31 Self-employed health insurance deduction (see instrs). 31 4,001. 32 32 Self-employed SEP, SIMPLE, and qualified plans. 32 33 Perretty on early withdrawal of savings. 33 6. 34 34 Alimany paid is Recipient's SSN. 34a 35 Add lines 23 through 34s. 35   |                      |  |                                      |                              |   |
| Tuition and fees deduction (see instructions).  28 Health savings account deduction. Attach Form 8889.  29 Moving expenses. Attach Form 3903.  30 One-half of self-employment tax. Attach Schedule SE.  31 Self-employed health insurance deduction (see instrs).  32 Self-employed SEP, SIMPLE, and qualified plans.  33 Perretty on early withdrawal of savings.  34 Alimany paid is Recipient's SSN.  35 Add lines 23 through 34s.  36 4,007.   | 3,                   | •  |                                      |                              |   |
| Health savings account deduction. Attach Form 8889.  Moving expenses. Attach Form 3903.  One-half of self-employment tax. Attach Schedule SE.  Solf-employed health insurance deduction (see instrs).  Self-employed SEP, SIMPLE, and qualified plans.  Perretty on early withdrawal of savings.  Ada Alimany paid is Recipient's SSN.  Add lines 23 through 34s.  28  29  30  4,001.  31  4,001.  32  33  6.  34  4,007.  |                      |  |                                      | · · · · · ·                  |   |
| Moving expenses. Attach Form 3903  |                      | •  |                                      |                              |   |
| 30 One-half of self-employment tax. Attach Schedule SE   |                      | _  |                                      |                              |   |
| 31 Self-employed health insurance deduction (see instrs)   |                      | -  |                                      |                              |   |
| 32 Self-employed SEP, SIMPLE, and qualified plans. 33 Pernatty on early withdrawal of savings. 34 Alimany paid b Recipient's SSN. 35 Add lines 23 through 34s. 35 Add lines 23 through 34s. 36 4,007.  |                      | · ·  |                                      | 4,001.                       |   |
| 33 Pernatty on early withdrawal of savings.  34 a Alimany paid b Recipient's SSN.  35 Add lines 23 through 34a.  35 4,007.   |                      | 32 Self-employed SEP, SIMPLE, and quali  | fied plans                           |                              |   |
| 34 a Alimony paid to Recipient's SSN 34 a 34 a 34 a 35 Add lines 23 through 34a. 35 4,007.   |                      | 33 Penalty on early withdrawal of savings.   |                                      | 6.                           |   |
| 35 Add lines 23 through 34a  |                      |  |                                      |                              | - Approx of   |
| 36 Subtract line 35 from line 22. This is your adjusted gross income   |                      |  |                                      |                              |   |
|  |                      | 36 Subtract line 35 from line 22. This is you                                      | r adjusted gross incoma              | <u>.</u>                     | 91,535.   |

| Form 1040 (2004)                  | T.2                   | w E and Susan R Baxter   |                      | Page 2                                 |
|-----------------------------------|-----------------------|--|----------------------|--|
|                                   |                       | Amount from line 36 (adjusted <b>gross</b> income).  | 37                   | 91.535.                                |
| Tax and Credits                   | 38.                   | Check You were born before January 2, 1940. Blind, Total houses  |                      | 327000.                                |
| Creats                            |                       | If: Spouse was born before January 2, 1940, ☐ Blind. checked ➤ 38a _   | 11.00                |  |
| Standard                          | 1 6                   | If your spouse itemizes on a separate return, or you were a dual-status  |                      |  |
| Deduction<br>for —                | L                     | if your spouse itemizes on a separate return, or you were a dual-status alien, see instructions and check here   |                      | 1                                      |
| People who                        | 39                    | Remized deductions (from Schedule A) or your standard deduction (see left margin)  | 39                   | 14,201.                                |
| checked any box                   | 40                    | Subtract line 39 from line 37  | 40                   | 77,254.                                |
| on line 38a or<br>38b or who can  | 41                    | If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions  | ### ##               | 0.300                                  |
| be claimed as a                   | 42                    | on line 5d. If line 37 is over \$107,025, see the worksheat in the instructions  | 41                   | 9,300.                                 |
| dependent, see<br>instructions.   | 142                   | If hims 41 is mage than line 40, enter -0  | 42                   | 67,954.                                |
| .,                                | 43                    | Tax (see instrs). Check if any tax is from: a Form(s) 8914 b Form 4972   | 43                   | 10,455.                                |
| All others:                       | 44                    |  |                      | 0.                                     |
| Single or Married                 | 45                    |  |                      | 10,455.                                |
| filing separately,                | 46                    | Foreign tax credit. Attach Form 1115 if required 46_   |                      |  |
| \$4,850                           | 47                    | Credit for child and dependent care expanses, Atlach Form 2441   |                      |  |
| Married filing                    | 49                    | Credit for the elderly or the disabled, Attach Schedule R 48   |                      |  |
| jointly or<br>Qualifying          | 49                    | Education credits, Attach Form 8863  |                      |  |
| widow(er),                        | 50                    | Retirement savings contributions credit. Attach Form 8880 50   | 1                    |  |
| \$9,700                           | 51                    |  | 物源                   |  |
| Head of                           | 1                     |  |                      |  |
| household,                        | 52<br>53              | Credits from a Form 8396 b Form 2019   | -[[]]                |  |
| \$7,150                           |                       | Other credits, Check applicable box(es): a Ferm 3800   | 1                    |  |
|                                   |                       | b Form c Specify 54  |                      |  |
|                                   | 55                    | b Form c Specify 54 Add lines 46 through 54. These are your total credits.   | . 55                 | <u>1,271</u> .                         |
|                                   | 56                    | · · · · · · · · · · · · · · · · · · ·  | 56                   | 9,184.                                 |
| <del></del>                       | - <del>30</del><br>57 | Self-employment tax. Attach Schedule SE.   | 57                   | 3,202.                                 |
| Other                             | 58                    | Social security and Medicare tex on tip income not reported to employer. Attach Form 4137  |                      |  |
| Taxes                             | 59                    | Additional tax on (RAs, other qualified retirement plans, etc. Attach Form 5323 if required  |                      | 1,872.                                 |
| 16767                             | 60                    | Advance earned income credit payments from Form(s) W-2   |                      |  |
|                                   | តា                    | Household employment taxes. Attach Schedule H  | . हा                 |  |
|                                   | 62                    | Add lines 56-61. This is your total tax  | 62                   | 11,056.                                |
| Payments                          | 63                    | Federal income tax withheld from Forms W-2 and 1099 63 2,478   |                      |  |
| If you have a                     | 64                    | 2004 astimated tax payments and amount applied from 2003 return 64   |                      |  |
| qualifying                        | - 65 <sub>1</sub>     | Earned Income credit (EIC)   | 人                    |  |
| child, attach<br>Schedule EIC.    |                       | Nontestable combat pay election > 65 b   | -                    |  |
| Scriedule Lio.                    |                       | Emess social security and tier 1 HRTA tax withheld (see instructions)  |                      |  |
|                                   | 67                    |  |                      |  |
|                                   | 68                    | Amount paid with request for extension to file (see instructions)  | 撮影                   |  |
|                                   | 59<br>70              | Add fines 63 64 65s and 66 through 60.   |                      | 1                                      |
|                                   |                       | Add fines 53, 64, 55a, and 65 through 69. These are your total payments.   | 기끄                   | 2,478.                                 |
| Refund                            | 71                    | If line 70 is more than line 62, subtract line 62 from line 70. This is the emount you overpald.   |                      |  |
| Direct deposit?                   |                       | Mileting of may 1 300 miletarrings to 300 filling the second   |                      |  |
| See instructions and fill in 72b, |                       | Routing number ▶ c Type: Checking Savings  |                      |  |
| 72c, and 72d.                     |                       | Account number,  |                      |  |
| A                                 |                       | Amount of line 71 you want applied to your 2005 estimated tax 73   | 7.0                  | 0 016                                  |
| Amount                            | 74                    | Amount you ease, Subtract line 70 from line 62. For details on how to pay, see instructions.   | 74                   | 8,816.                                 |
| You Owe                           | 75                    | Estimated tax penalty (see instructions)   |                      |  |
| Third Party                       | Do yo<br>Dosio        | Them.  | mplete               | the following. No                      |
| Designee                          | กลหาด                 | Freparer no. F   |                      | al identification (PIN)                |
| Sign                              | Under                 | penalities of penjury, I deciare that I have examined this return and accompanying achecules and statements, and to the trey are true, cornect, and complete. Declaration of preparer (other than temperary is based as all information of which   | preparer<br>breparer | my knowledge and<br>has any knowledge. |
| Here                              |                       | r signature   Date   Your necupation   |                      | time phone number                      |
| Joint return?                     | <b>•</b>              | Distributor  | -"                   |  |
| See instructions.                 | Sa                    | Lea's signalure. If a joint rature, both must sign.  Date Spouse's occupation  | - AK                 |  |
| Keep a copy<br>for your records.  | •                     | Executive Assista  | ın 🎏                 |  |
| TO YOUR TOOK GO.                  |                       | Dala Dala  |                      | perer's SSN or PTIN                    |
|                                   | Prepa                 | rei's 🛌  | ۱۳                   | g                                      |
| Paid                              | signa                 | Through 27 Target (1994)   |                      |  |
| Preparer's                        | (or )<br>self-        | in the same of the |                      |  |
| Use Only                          | seif-<br>eddr<br>ZIP  | EIN  |                      |  |
| 1                                 | ZIP                   | Phone Phone  | <u>.</u>             | Form 1040 (2004                        |
|                                   |                       |  |                      |  |

FD0A0112L 11/10/04

Form **2210** 

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

OMB No. 1545-0140 2004

See separate instructions.

|           | Revenue Service   | ► Attach to Form 1040, 1040A   | , 1040 <b>NR</b> , 10        | 40NR-EZ, or 1041.   | 06  |
|-----------|---|--|------------------------------|---|---|
| <b>35</b> | s) shown on tex return                                    |  | _                            |   | <del></del>   |
| Lew       | E and Susan   |  |                              |   |   |
|           |   | Do You Have To   |                              | m <u>2210?</u>  |   |
| Cor       | riplete lines 1 through                                   | 7 below. Is line 7 less than \$1,000?  | Yes                          | Do not file Form 2210, You do   | not owe a penalty.                                  |
|           | No  |  |                              |   |   |
| Cor       | nplete lines 8 and 9 b                                    | selow. Is line 6 equal to or more than line 9?   | Yes                          | You do not owe a penalty. Do if box E below applies, you mu   | not file Form 2210 (but<br>st file page 1 of Form   |
|           | No  |  |                              | 2210 below).  |   |
| You       | ı may owe a penalty.                                      | Does any box in Part II below apply?   | Yes                          | You must file Form 2210, Does   | a box B, C, or D apply?                             |
|           | No  |  |                              |   |   |
|           | 1   |  |                              | No Yes You  | u must figure your panalty.                         |
|           | <b>.</b>  |  |                              | 1   |   |
| ped       | ause the IRS will figu                                    | ou are not required to figure your penalty are it and send you a bill for any unpaid gure it, you may use Part III or Part IV as a renalty amount on your tax return (see fille Form 2210. |                              | You are not required to figure IRS will figure it and send you amount. If you want to figure i Pert IV as a worksheet and en on your tax return (see instruct of Form 2210. | a bill for any unpaid<br>t. you may use Part III or |
| 10-55     | SENSO Desulted  | Annual Payment (see instructions)  |                              |   |   |
|           |   | Affirmal Payment (See Insuroctions) after credits from Form 1040, line 56 (or compa  | roble line of                | ( Vour Pals FD)   | 1 9,184.  |
|           | •   | g self-employment tax (see instructions),  |                              |   | 2 1,872.  |
| _         | •   | • • • •  |                              | ľ   |   |
|           | federal tax paid on fa                                    | Enter the total of your earned income credit, ac<br>usis, and health coverage tax credit for eligible  | individuals.                 | ***************************************   | 3 0,  |
| 4         | Current year tax. Co                                      | mbine lines 1, 2, and 3  |                              |   | 4 11,056.   |
|           |   |  |                              |   | 0.470   |
|           |   | o not include estimated tax payments. See ins  |                              |   | 6 2,478.<br>7 8.578.                                |
| 7         |   | line 4. If less than \$1,000, you do not owe a po<br>nnual payment based on prior year's tax (see I  |                              |   | 7 8,578.<br>8 15,071.                               |
| 9         |   | ment. Enter the smaller of line 5 or line 8  |                              |   | 9 9,950.  |
| •         | Next; Is line 9 more                                      | •  | *****                        |   |   |
|           |   | owe a penalty. Do not file Form 2210 unless bo   | x E below a                  | pplies.   |   |
|           |   | •  |                              |   |   |
|           | If box B, C, or   | we a penalty, <b>but do</b> not <b>file Form 2210</b> unless<br><b>D</b> applies, you must ligure your penalty and fil<br>or <b>E</b> (or both) applies, file only page 1 of Form          | e Form 2210                  | ),<br>ouxes in reit ii neine abbies.  | - alle is the a limit of the first of the           |
|           | <ul> <li>If only box A of<br/>and send you all</li> </ul> | or E (or both) applies, file only page I of rorm<br>bill for any unpaid amount, If you want to figure<br>your tax return (see instructions), but ille only                                 | 2210, You a<br>your penal    | ire <b>not re</b> quired to figure your per<br>ty, you may <b>use Part III or IV</b> as   | a worksheet and enter                               |
| fileson.  | your panalty on   | your tax return (see instructions), but file only  | page 1 of Fo                 | rm 2210.  |   |
| Za        | Reasons   | for Filing. Check applicable boxes.  | т none ap                    | ply, do not lile Form 2210  | ·   |
| A         | You request a w<br>required to figure                     | aiver (see instructions) of your entire penalty.<br>e your penalty.  | You must ch                  | neck this box and file page 1 of F  | orm 2210, but you are not                           |
| В         | You request a w   | alver (see instructions) of part of your penalty.  | You must fi                  | gure your penalty and waiver am   | ount and file Form 2210.                            |
| С         | Your income var<br>method, You mu                         | ied during <b>the</b> year <b>and your penalty is reduce</b><br>ist figure the penalty <b>using Schedule Al and il</b> le  | d or eliminat<br>Form 2210   | led when figured using the annua<br>i,  | income installment                                  |
| D         | Your penalty is a withheld, instead                       | ower <b>when</b> figured by treating the federal <b>incor</b><br>t of in equal <b>amounts on</b> the payment due <b>dat</b> e  | ne tax withh                 | eld <b>from</b> your wages as paid on t<br>t figure your penalty and file Forn  | the dates it was actually<br>n 2210.                |
| E         | You filed or are must file page 1                         | filing a joint return for either 2003 or 2004, but<br>of Form 2210, but you are not required to figu   | not for both<br>re your pena | years, and line 8 above is smalle<br>alty (unless box B, C, or D applies  | er than line 5 above. You<br>s).                    |
| BAA       |   | uction Act Notice, see separate Instructions.  |                              |   | Form 2210 (2004                                     |

| Form | 2210 | (2004) | Lew | E | and | Susan | R | Baxter |
|------|------|--------|-----|---|-----|-------|---|--------|
|      |      |        |     |   |     |       |   |        |

Page 2

Part III - Short Method

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax) or
- You paid estimated tax in equal amounts on your due dates.

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late,
  You checked box C or D in Part II, or
  You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

| 70       | Enter the amount from line 9, Form 2210   | ,     | · · · · · · · · · · · · · · · · · · · | 10 | <u>9,950.</u>    |
|----------|---|-------|---------------------------------------|----|------------------|
| 11       | Enter the amount, if any, from line 6, Form 2210  | 11    | 2,478.                                |    |                  |
| 12       | Enter the total amount, if any, of estimated tax payments you made  | 12    |                                       |    |                  |
| 13       | Add lines 11 and 12   |       |                                       | 19 | 2,478.           |
| 14       | Total underpayment for year. Subtract line 13 from line 10, if zero or less, stop he the penalty. Do not file Form 2210 unless you checked box E on page 1  | re; y | ou do not owe                         | 14 | 7,472.           |
| 15<br>16 | Multiply line 14 by .03184  |       |                                       | 15 | 238.             |
| ,-       | • If the amount on line 14 was paid before 4/15/05, make the following computation on line 16.  | en to | find the amount                       |    |                  |
|          | Amount on Number of days paid line 14 x before 4/15/05 x .0001  | 4     |                                       | 16 | 0.               |
| 17       | Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, tine Form 1040A, line 48; Form 1040NR, line 73; Form 1040NR-EZ, line 26; or Form 10 line 26, but do not file Form 2210 unless you checked |       |                                       |    |                  |
|          | a box in Part II on page 1  |       | <u></u>                               | 17 | 238.             |
|          |   |       |                                       |    | Form 2210 (2004) |

| SCHEDULE.                    |        | OMB No. 1545-0074 |  |                   |                               |
|------------------------------|--------|-------------------|--|-------------------|-------------------------------|
| (Form 1040)                  |        |                   | Itemized Deductions  |                   | 2004                          |
| Department of the Tr         | ea6มกุ | (99)              | <ul> <li>Attach to Form 1040.</li> <li>See Instructions for Schedule A (Form 1040).</li> </ul>   |                   | 200-                          |
| Name(s) shown on F           |        | · , ,             |  | 1                 |                               |
| Lew E and                    |        |                   | R Baxter   |                   |                               |
| Medical                      |        |                   | on. Do not include expenses reimbursed or paid by others.  | <b>3</b> (        | •                             |
| and<br>Dental                | 1      |                   | and dental expenses (see instructions)   |                   |                               |
| Expenses                     |        |                   | mount from Form 1040, line 37 2  |                   |                               |
|                              | 3      |                   | sty line 2 by 7.5% (.075)  | 2.44              | ٨                             |
|                              | 4      |                   | act line 3 from line 1. If line 3 is more than line 1, enter -0  | <b>4</b><br>इसस्य | 0.                            |
|                              | ņ      |                   | Income taxes, or 5 1,244.  |                   |                               |
| Texas You                    |        |                   | General sales taxes (see instructions)   |                   | •                             |
| Pald                         | 6      |                   | estate taxes (see instructions)  |                   |                               |
| (See                         | 7      |                   | onal property taxes  |                   |                               |
| instructions.)               | 8      | Other             | textes. List type and amount ►   |                   |                               |
|                              |        | 7, 22, 7          | 100 5 (burn with 1)  | 9                 | 1,606.                        |
| Interest                     | 70     | Home              | ines 5 through 8   | Will Co           | 1,000.                        |
| You Paid                     | 11     | Home              | mortgage interest not reported to you on Form 1098.  | - 2               |                               |
|                              | •••    | If pal            | mortgage interest not reported to you on Form 1098.  If to the person from whom you bought the home, see Inclined a show that person's name, identifying number, | 7 F.              |                               |
|                              |        |                   | iddress >  |                   |                               |
| (See                         |        |                   |  |                   |                               |
| instructions.)               |        |                   |  |                   |                               |
|                              |        |                   |  |                   |                               |
| Note.<br>Personal            |        | <b>E.</b>         |  | 翻翻、               |                               |
| interest is                  |        |                   | not reported to you on Form 1099. See insize for spot rules  |                   |                               |
| not<br>deductible.           | 13     |                   | wha),  |                   |                               |
| dedocumb,                    | 14     |                   | ines 10 through 13   | 14                | 10,899.                       |
| Gifts to                     | 15     | Gifts             | by cash or check. If you made any gift of \$250 or more,   |                   |                               |
| Charity                      |        | see i             | nstructions  |                   |                               |
| f you made                   | 16     | Othe              | than by cash or check. If any gift of \$250 or<br>, see instructions. You must attach Form 8283 if   |                   |                               |
| a gift and<br>got a benefit  |        |                   |  |                   |                               |
| for it, see<br>instructions. | 17     |                   | \$500  |                   |                               |
| ii isgulions.                |        |                   | Ines 15 through 17.  | 18                | 1,776.                        |
| Casualty and                 | -      | , , , , ,         |  |                   | •                             |
| Theft Losses                 | 19     | Casu              | alty or theft loss(es). Attach Form 4684. (See instructions.)  | 19                | <u> </u>                      |
| Job Expenses                 | 20     | Unre              | Imbursed employee expenses job travel, union dues, ducation, etc. Attach Form 2106 or 2106-EZ 1/   |                   |                               |
| and M <b>ost</b><br>Other    |        |                   |  |                   |                               |
| Miscellaneous<br>Deductions  |        | tedm              | red. (See Instructions.)   |                   |                               |
| Deducacità                   |        |                   | 20   |                   |                               |
|                              | A4 1   | <b>=</b> =-       |  |                   |                               |
| _                            | 22     |                   | r expenses – Investment, safe deposit box, stc. List   |                   |                               |
| (See<br>instructions.)       |        |                   | and emount   |                   |                               |
| ,,,                          |        | 91-               | 22   |                   |                               |
|                              | 23     | Add               | inas 20 through 22   |                   |                               |
|                              | 24     |                   | amount from Form 1040, line 37 24  |                   |                               |
|                              | 25     | Multi             | ply line 24 by 2% (.02)  |                   |                               |
|                              | 26     | Subt              | rect line 25 from line 23. If line 25 is more than line 23, enter -0   | 26                | 0.                            |
| Other                        | 27     | Othe              | r – from list in the instructions. List type and amount ►  |                   |                               |
| Miscellaneous                |        |                   |  | <b>3000</b>       |                               |
| Deductions                   |        |                   |  | 27                | 0.                            |
| Total                        | 28     | is Fo             | rm 1040, fina 37, over \$142,700 (over \$71,350 If MFS)?   |                   |                               |
| itemized<br>Deductions       |        | কে -              | 1. Now destruction to past the third Add they appears take to the describe as home.  |                   |                               |
|                              |        | ΧI                | lo. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39.                | 28                | 14,281.                       |
|                              |        | [Th               |  | COLUMN TO SERVICE |                               |
| A                            |        | - broad           |  | 3344.44 72.       | white at a way to mission it. |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0301L 11/02/04

Schedule A (Form 1040) 2004

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-8.
 Attach to Form 1040 or 1041.
 See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074 2004 09

Department of the Treasury Internal Revenue Service Name of proprietor

| 2 Returns and allowances 2 3 Subtract line 2 from line 1 3 80,5 4 Cost of goods sold (from line 42 on page 2). 4 5 Gross profit, Subtract line 4 from line 3 5 90,6 6 Other income, including Federal and state gasoline or fuel tex credit or retund 6 6 7 80,7 6 Gross broome, Add lines 5 and 6 7 80,7 7 Gross broome, Add lines 5 and 6 7 80,7 8 Advertising 7 8 Pension and profit-sharing plans 18 8 Advertising 8 Advertising 8 19 9 9 5,707. 19 Pension and profit-sharing plans 19 20 Rent or lease (see instructions) 19 20 Rent or lease (see instructions) 19 20 Rent or lease (see instructions) 19 20 Repairs and maintenance 20 b 21 Repairs and maintenance 21 22 Supplies (not included in Part III) 22 23 Texes and licenses 23 24 Travel, meats, and entertainment 28 27 Travel, meats, and entertainment 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20   | Lew | E Baxter  |  |                                  |  | _                 |             |                            |
|--|-----|---|--|----------------------------------|--|-------------------|-------------|----------------------------|
| C Bulines name. If no separate business name, serve blank.  E Business address (including polits or mom tou)*  F Accounting method: (1)  | Α   | Principal business or profession, including (   | product or service (see in               | estructions)                     |  | In Frage          | r code from | lastractions               |
| E Business address (including other or norm no.) → City, team or peat office, sible, and 2P code  F Accounting method: (1)   |     | Distributor   |  |                                  |  | ► 42              | 4990        |                            |
| F Accounting method: (1) X Cash (2) Accrual (3) Other (specify) > G bid you 'materialty participate' in the operation of this business during 2004? If 'No,' see instructions for limit on losses X Yes If you estanded or acquired this business during 2004, check here  | С   | Business name. If no separate business na   | ma, leava blank.                         |                                  |  | () Empi           | oyer ID mu  | mbar (EN), if say          |
| G Did you "materially participate" in the operation of this business cluring 2004; if "Ne," see instructions for limit on losses.    If you cutroid or acquired this business cluring 2004, check here.    Income  1 Grass receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here.    Income  1 Grass receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here.    Income  1 Grass profit. Subtract line 2 form line 1.    1 Grass profit. Subtract line 4 from line 3.    2 Grass profit. Subtract line 4 from line 3.    5 Grass profit. Subtract line 4 from line 3.    6 Other income, including Federal and state gasoline or fuel tax credit or returnd.    6 Grass income. Add lines 5 and 6.    7 Grass income. Add lines 5 and 6.    7 Grass income. Add lines 5 and 6.    8 Advartising.    8 1.67, 19 Pension and profit-haring plans.    8 Advartising.    9 Gar and truck expenses (see instructions).    10 Commissions and fees.    10 Commissions and fees.    11 Commissions and fees.    12 Supplies (not included in Part II).    12 Depletion.    13 Depreciation and section    17 Sexpense defuction   17 Sexpense defuction   17 Sexpense defuction   17 Sexpense defuction   18 Sant III.   18 Pension and receiver than health).   19 Insurance (wher than health).   19 Insurance (wher than health).   11 Graves instructions   11 Sexpense benefit programs   12 Subtract line 24c from line 24b.   24a   25 Texes and ticenses.   25 Utilities.   25 Total expenses before expenses for business use of home. Add tines 8 through 27 in columns.   26 Total expenses before expenses as for lusiness use of home. Add tines 8 through 27 in columns.   29 47,   29 Tertalitive profit (foss). Subtract line 28 from line 7.   29 47,   29 Expenses for business use of your home. Altath Form 8823.   30 Interest the food of the profit (foss). Subtract line 28 | E   | Sunfaces address (including suits or room r<br>City, town or post office, state, and ZP and | io.)▶                                    |                                  |  |                   |             |                            |
| G Did you 'materially participate' in the operation of this business cluring 2004; if 'No,' see instructions for limit on losses.    If you started or sequence this business during 2004, check here.    Income    I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here.    I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here.    I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the Statutory employee box on that form was checked, see the instructions and check here.    I Gross profit. Subtract line 4 from line 1.    Godd (from line 1.    Godd (from line 1.    Godd (from line 42 on page 2).    Godd (from l | F   | Accounting grathed: (1) X   | Cesh (2) A                               | ccrual (3                        | Other (specify) >  |                   |             | _                          |
| H If you clarifed or acquired this business claring 2004, check here.    Income  | Ġ   | Did you 'materially participate' in   | the operation of th                      | ls business                      | during 2004? If 'No,' see Instructions                       | for limit or      | losses.     | X Yes No                   |
| Income   1 Gross receipts or sales. Catition, if this Income was reported to you on Form W-2 and the Statutory employee' box on that form was checked, see the instructions and check here.   X   1   80 , f   2   2   3   2   3   3   3   3   3   3   |     |   |  |                                  |  |                   |             |                            |
| 2 Returns and allowances 2 Subtract line 2 from line 1. 3 80,1   4 Cost of goods sold (from line 42 on page 2). 4   5 Gress profit. Subtract line 4 from line 3  |     |   |  |                                  |  |                   |             |                            |
| 2 Returns and allowances 2 3 80,1  | 1   | Gross receipts or sales. Caution.   | if this income was                       | betrages                         | you on Form W-2 and the                                      | <u>- [v]</u>      |             | 80,974.                    |
| 3 Subtract line 2 from line 1  |     |   |  |                                  |  |                   |             | 1217,00                    |
| 4 Cost of goods sold (from line 42 on page 2).  5 Gross profit, Subtract line 4 from line 3.  6 Other income, including Federal and state gasoline or fuel text credit or refund.  7 Gross brooms, Add lines 5 and 6.  7 Gross brooms, Add lines 5 and 6.  8 Advertising.  8 Advertising.  9 Car and truck expenses (see instructions).  9 Car and truck expenses (see instructions).  10 Commissions and fees.  10 11 Contract labor (see instructions).  11 22 Supplies (not included in Part III).  12 Deptetion.  13 Depreciation and section 179 expense detuction 179 expense detuction 179 expense detuction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 179 expense defunction 170 expense defunction 171 expense defunction 172 expense defunction 173 expense defunction 174 expense defunction 175 expense defunction 176 expense defunction 177 expense defunction 178 expenses for business and form line 29.  18 Diffice expenses 19 Signal Refunction 19 Contract labor 20 Enter mondeduction 10 Enterest 21 Expenses for business and form line 20 Expenses for business use of home. Add lines 8 through 27 in columns.  28 Expenses for business use of home. Add lines 8 through 27 in columns.  29 47, 20 Expenses for business use of home Add lines 8 through 27 in columns.  20 Expenses for business use of home 12 and also on Schedule SE. line 2 (statutory)  |     |   |  |                                  |  |                   |             | 80,974.                    |
| 5 Gross profit. Subtract line 4 from line 3  |     |   |  |                                  |  |                   | 4           |                            |
| 6 Other income, including Federal and state gasoline or fuel tax credit or refund.  7 Gross theome. Add lines 5 and 6  | •   |   |  |                                  |  |                   |             |                            |
| Expenses, Enter expenses for business use of your home only on tine 30.   Expenses, Enter expenses for business use of your home only on tine 30.   Advertising  |     |   |  |                                  |  |                   |             | 80,974.                    |
| Expenses. Enter expenses for business use of your home only on tine 30.  8 Advertising   | 6   | Other income, including Federal   | and state gasoline                       | or fuel tax                      | credit or refund   |                   | 6           |                            |
| Expenses. Enter expenses for business use of your home only on tine 30.  8 Advertising   |     |   |  |                                  |  | _                 |             |                            |
| 8 Advertising. 8 167. 19 Pension and profit-sharing plans. 18 9 Car and truck expenses (see instructions). 9 5,707. a Vehiclas, machinery, and equipment. 20 a Vehiclas of the bother business property. 20 b 20 b 20 b 20 b 20 b 20 b 20 b 20   |     |   | <u> </u>                                 |                                  |  | ,,,,,, <u>,</u> } | 7           | 80,974.                    |
| 9 Car and truck expenses (see instructions): 9 5,707. 10 Commissions and fees. 10 b Other business property. 20b 21 Repairs and maintenance. 21 contract labor (see instructions). 11 22 Supplies (not included in Part III). 22 Supplies (not included in Part III). 23 Texes and ilcenses. 23 Texes and ellerteframent: 24 Travel, meals, and enlerteframent: 25 Travel. 26 Insurance (other than health). 27 Insurance (other than health). 28 Insurance (other than health). 29 Insurance (other than health). 20 Insurance (other than health). 21 Insurance (other than health). 22 Insurance (other than health). 23 Insurance (other than health). 25 Insurance (other than health). 26 Insurance (other than health). 27 Insurance (other than health). 28 Insurance (other than health). 29 Insurance (other than health). 29 Insurance (other than health). 20 Insurance (other than health). 21 Insurance (other than health). 22 Insurance (other than health). 23 Insurance (other than health). 25 Insurance (other than health). 26 Insurance (other than health). 27 Insurance (other than health). 28 Insurance (other than health). 29 Insurance (other than health). 29 Insurance (other than health). 20 Insurance (other than health). 21 Insurance (other than health). 22 Insurance (other than health). 25 Insurance (other than health). 26 Insurance (other than health). 27 Insurance (other than health). 29 Insurance (other than health). 20 Insurance (other than health). 21 Insurance (other than health). 22 Insurance (other than health). 23 Insurance (other than health). 24 Insurance (other than health). 25 Insurance (other than health). 26 Insurance (other than health). 27 Insurance (other than health). 28 Insurance (other than health). 29 Insurance (other than health). 29 Insurance (other than health). 20 Insurance (other than health). 20 Insurance (other than health). 21 Insurance (other than health). 22 Insurance (other than health). 23 Insurance (other than health). 24 Insurance (other than health). 25 Insurance (other than health). 26 Insurance (oth |     |   | Y  |                                  |  |                   | 15          |                            |
| Car and truck expenses (see instructions)  | 8   | Advertising   | -  | 10/.                             |  |                   |             |                            |
| 10 Commissions and fees  | 9   |   |  | 5 707                            | · ·  |                   |             |                            |
| 11   Contract labor (see instructions)   | 10  |   |  | 3,101.                           |  |                   |             |                            |
| Contract labor (see instructions)  |     |   |  |                                  |  |                   |             | 490.                       |
| 12 Deptetion   | 111 |   | 11                                       |                                  |  |                   |             | 321.                       |
| 13 Depreciation and section 179 expense declucition (not included in Part III) (see instructions)  | 12  | •   |  |                                  | , , ,  |                   |             |                            |
| (not included in Part III) (see instructions)  |     | Depreciation and section  |  |                                  | 24 Travel, meals, and entertairms                            | ent               |             |                            |
| (see instructions)   |     |   | 1 1                                      |                                  | a TraveL   |                   | 242         |                            |
| Employee benefit programs (other than on line 19)  |     | (see instructions)  | 13                                       |                                  | b Meals and  |                   |             |                            |
| (other than on line 19)  | 14  | Employee benefit programs   |  |                                  | entertainment  | <u> 20.</u>       | $\vdash$    |                            |
| 15 Insurance (other than health). 15 1,753. cluded on line 24b (see instra). 14. d Subtract line 24b (see instra). 14. d Subtract line 24b (see instra). 24d (see instra). 24d (see instra). 24d (see instra). 24d (see instra). 25d (see instra). 25d (see instra). 26d |     | (other than on line 19)   |  | 1 753                            |  |                   |             |                            |
| a Mortgage (paid to banks, etc)  |     |   |  | 1, /53.                          | cluded on line   | 7.4               |             |                            |
| b Other  |     |   |  | A 640                            |  |                   | _           | 14                         |
| 17 Legal & professional services   |     |   |  | 4,040.                           |  |                   |             |                            |
| 18 Office expenses   |     |   |  |                                  |  |                   |             |                            |
| Total expenses before expenses for business use of home. Add lines 8 through 27 in columns   |     |   |  | 37.                              |  | •                 |             | 20,531.                    |
| 29 Tentative profit (loss), Subtract line 28 from line 7   |     |   |  |                                  |  |                   |             | 33,668                     |
| 30 Expenses for business use of your home. Attach Form 8829  |     |   |  |                                  | •  |                   |             |                            |
| 30 Expenses for business use of your home. Attach Form 8829  | 29  | Tentative profit (loss), Subtract I   | ine 28 from line 7.                      |                                  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                      |                   | 29          | 47, 306.                   |
| • If a profit, enter on Form 1040. Upe 12, and elso on Schedule SE, line 2 (statutory  | 30  | Expenses for business use of you  | ur home. Attach F                        |                                  |  |                   | 30          |                            |
| • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory   | 31  | Net profit or (loss). Subtract line   | 30 from Ilina 29.                        |                                  | ٦  |                   |             |                            |
| 5/1/p/5/404/ 555 // 1/2 - 1/2  |     | employees, see instructions). Es  | states and trusts, e                     | on Schedul<br>nter <b>on</b> For | le SE, line 2 (statutory<br>m 1041, line 3.                  |                   | 31          | 47,306                     |
| ♦ If a loss, you must go to line 32.   |     |   |  |                                  |  |                   |             |                            |
| 32 If you have a loss, check the box that describes your investment in this activity (see instructions).   | 32  | If you have a loss, check the box   | x that describes yo                      | ur Investme                      | ent in this activity (see instructions).                     | _                 |             |                            |
| • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedula SE, line 2 (statistory employees, see instructions). Estates and trusts, enter on Form 1041, line 3.  |     | • If you checked 32s, enter the (statutory employees, see instru                            | loss on Form 1040<br>otlons), Estates an | , line 12, ar<br>d trusts, en    | nd also on Schedule SE, line 2<br>nter on Form 1041, line 3. | 7                 | 22 a [      | All investment is at risk. |
| Some invest  ### Some i |     | * 16 de la d'AAL  | ollegh Ec 6150                           |                                  |  |                   | 324         | Some investment            |
| • If you checked 32b, you must attach Form 6198.  Is not at risk  Schedule C (Form 1040) Instructions.   |     |   |  |                                  | lone   |                   |             | is not at risk.            |

FDIZDI 12. 05/05/04

|   |      | dule C (Form 1040) 2004 Lew E Baxter  |           |                         | Page 2 |
|---|------|---|-----------|-------------------------|--------|
|   |      | Method(s) used to value closing inventory:   Cost b Lower of cost or market c Other (attach   | e)(Dia    | nation)                 |        |
| B |      | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If 'Yes,' attach explanation.  |           | Yes                     | No     |
|   | 35   | Inventory at beginning of year. If different from last year's closing inventory, attach explanation   | 35        |                         |        |
|   | 36   | Purchases less cost of items withdrawn for personal use,  | 36        |                         |        |
|   | 37   | Cost of labor, Do not include any amounts paid to yourself  | <b>97</b> |                         |        |
|   | 38   | Materials and supplies  | 38        |                         |        |
|   | 39   | Other costs   |           |                         |        |
|   | 40   | Add lines 35 through 39   | 40        |                         |        |
|   | 47   | Inventory at end of year  | 41        |                         |        |
|   |      | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for time 13 to find out if you must file |           | ne 9 and are n<br>4562. | ot     |
|   | 43   | When did you place your vehicle in service for business purposes? (month, day, year)  |           |                         |        |
|   | 44   | Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle  | de fo     | -                       |        |
|   |      | Business b Commuting cOther   |           |                         |        |
|   | 45   | Do you (or your spouse) have another vehicle available for personal use?  |           | Yes                     | No     |
|   | 46   | Was your vehicle available for personal use during off-duty hours?  | • • • • • | Yes                     | No     |
|   | 47 ( | Do you have evidence to support your deduction?   | ••••      | Yes                     | No     |
|   |      | Other Expenses, List below business expenses not included on lines 8-26 or line 30.   |           | Yes                     | No     |
|   | See  | Statement 1   |           |                         |        |
|   |      |   |           |                         |        |
|   |      |   |           |                         |        |
|   |      |   |           |                         |        |
|   |      |   |           |                         |        |
|   |      |   |           |                         |        |
|   |      |   |           |                         |        |
|   |      | ·<br>   |           |                         |        |
|   | _    |   | 1         |                         |        |
|   | 48   | Total other expenses. Enter here and on page 1, line 27   | 48        | 20                      | ),531. |

F0/20112L 05/06/04

SCHEDULE D (Form 1040)

Capital Gains and Losses

► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► Use Schedule D-1 to list additional transactions for lines 1 and 6.

2004 12

Department of the Treasury Internal Revenue Service (99) Name(s) shown on Form 1040

| ***        | E and Susan R Baxter  Short-Term Capital Gal                                    | ns and Losses                               | - Ace                     | ete Ha           | old One Year or                             | Less                                  |            |  |
|------------|---|---|---------------------------|------------------|---|---------------------------------------|------------|--|
| , pg 2 1 1 | (a) Description of properly (Example: 100 starse XYZ Co)                        | (b) Delo acquired<br>(Mo, day, yr)          | (C) Date:                 | tion             | (d) Salan prices<br>(nee instructions)      | (e) Cost or other<br>(see instruction |            | (f) Galo or (ass)<br>Subtract (s) from (d) |
| 1          | 100 200 20 21 2 009   |   |                           |                  |   |                                       |            |  |
|            |   |   |                           |                  |   |                                       |            |  |
|            |   |   |                           | $\perp$          |   |                                       | _          |  |
|            |   |   | _                         |                  |   |                                       | -          |  |
| 2          | Enter your short-term totals, if any, fro                                       | m Schedule D-1, I                           | ine 2                     | 2                |   | Lesson parties                        |            |  |
| 3          | Total short-term sales price amounts.   |   |                           | 3                |   |                                       |            |  |
| 4<br>5     | Short-term gain from Form 6252 and s<br>Nat short-term gain or (loss) from part | hort-term gain or (                         | (loss) from               | n Forma          | e 4684, 6781, and 88<br>and trusts from Sci | hedule(s) K·1                         | 5          |  |
| 6          | Short-term capital loss carryover. Entre Worksheet in the Instructions          |   |                           |                  | * > * * * * * * * * * * * * * * * * * *     | ••••••                                | . 6        |  |
|            | Not short-term capital gain or (loss). C  |   |                           |                  |   |                                       | 7          |  |
| 20         | Long-Term Capital Gai   | ns and Losses                               | - Ass                     | ets He           | eld More Than C                             | one Year                              |            | 8  |
|            | (a) Description of property (Example: 100 shares XYZ Co)                        | (b) Date acquired<br>(Mo. day, yr)          | (C) Date<br>(Mo, day      | sucidi<br>(, yr) | (d) Sales prico<br>(see instructions)       | (a) Cost or other                     |            | (f) Chin of Sea)<br>Subtract (a) from (f)  |
| 8          | Pioneer Fund A  |   | _                         | _                | 76.   |                                       | 0.         | 76.  |
| _          |   |   |                           |                  |   |                                       |            |  |
| •          |   |   |                           | _                |   |                                       |            |  |
| 9          | Enter your long-term totals, if any, from                                       | m Schedule D-1. II                          | ne 9                      | 9                |   |                                       | (S. 1) 197 |  |
|            | Total long-term sales price amounts. column (d)                                 | Add tines 8 and 9                           |                           | 10               | 76.   |                                       |            |  |
| 11         | Gain from Form 4797, Part I; long-terr<br>Forms 4684, 6781, and 8824            | n gain from Forms                           | 2439 and                  | 6252;            | end long-lerm gain                          | or (loss) from                        | 11         |  |
| 12         | Nel long-term gain or (loss) from parts   |   |                           | tates, e         | and trusts from Sche                        | coute(s) K-1,                         | 12         |  |
|            | Capital gain distributions. See Instra  |   |                           |                  |   |                                       | 13         |  |
| 13         | • -   |   |                           |                  |   |                                       |            |  |
| 13<br>14   | Long-term capital loss carryover. Enter Worksheet in the instructions           | er the amount, if a                         | ny, from li               | ne 13 c          | of your Capital Loss                        | Cerryover                             | 14         |  |
| 14<br>15   | Long-term capital loss carryover, Ente  | er the amount, if a<br>symbine tines 8 thro | ny, trom II<br>iugh 14 In | colum            | n (f). Then go to Par                       | till on                               | . 15       | 76.<br>ute D (Form 1040) 2004              |

FD(A0612L 11/02/04

| <u>s</u> | che  | dule D (Form 1040) 2004 Lew E and Susan R Baxter  | 3ge 2                                  |
|----------|------|---|--|
| 1        | Ĉij. | Summary   |  |
|          | 16   | Combine times 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21.  If a gain, enter the gain on Form 1040, fine 13, and then go to line 17 below. | . 16 76.                               |
| •        | 17   | Are lines 15 and 16 both gains?   |  |
|          |      | X Yes. Go to line 18.   |  |
|          |      | No. Skip lines 18 through 21, and go to line 22.  |  |
|          | 18   | Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions  | 18 0.                                  |
| ,        | 19   | Enter the amount, if any, from line 18 of the Unreceptured Section 1250 Gain Worksheet in the instructions  | 19                                     |
| í        | 20   | Are lines 18 and 19 both zero or blank?   |  |
|          |      | Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040. Do not complete lines 21 and 22 below.     | 6                                      |
|          |      | No. Complete Form 1040 through line 42, and then complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.  | ************************************** |
| ;        | 21   | If line 16 is a loss, enter here and on Form 1040, line 13, the smaller of:   |  |
|          |      | • The loss on line 16 or  | . 21                                   |
|          |      | • (\$3,000), or If married filing separately, (\$1,500)   |  |
|          |      | Note. When figuring which amount is smaller, treat both amounts as positive numbers.  |  |
| ;        | 22   | Do you have qualified dividends on Form 1040, line 95?  |  |
|          |      | Yes. Complete Form 1040 through line 42, and then complete the Qualified Dividends and Capital Gain Tax Worksheet in the Instructions for Form 1040.  |  |
|          |      | No. Complete the rest of Form 1040.   |  |
| -        |      |   | Schedule D (Form 1040) 2004            |

### Child and Dependent Care Expenses

► Attach to Form 1040.

OME No. 1545-0068 2004

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

21

Name(s) shown on Form 1040

Lew E and Susan R Baxter

Before you begin: You need to understand the following terms. See Definitions in the instructions.

|             | (If you need  | d more spa   | ce, use the  | Who Provided 1 bottom of page 2.)  |   |                                       | p 11  |           |   |
|-------------|---|--|--|--|---|---------------------------------------|---|-----------|---|
| 1           | (a) Care  | provider's r   | name   | <br><del> </del>   | •   | coda)                                 | (c) Identifying r<br>(SSN or EIN)                               |           | (d) Amount paid<br>(see instructions)   |
|             |   |  |  | Montgomery   | ÄL 36117  |                                       | l   |           | 1,355   |
|             |   |  |  |  |   |                                       |   |           |   |
| _           |   |  |  |  |   |                                       |   |           |   |
|             |   |  | you receive<br>ent cure ben  |  | No Yes  |                                       | Complete onl  | -         | II below.<br>n page 2 next.   |
| uti         | on. If the care was   | provided i   | in your hom  | s, you may owe emp   | ployment taxes. See   | e the instruc                         | tions for Form 1040   | ), line   | 61.   |
| ì           | Credit fo   | r Child a  | ınd Depei  | ndent Care Expe  | enses   |                                       |   |           |   |
| ?           | Information about   |  |  | n(s). If you have mor  | re than two qualifyin   |                                       |   |           | 6.3 db  |
|             |   | (a) U  | ramying pe   | rson's name  |   |                                       | alilying person's so<br>security number                         | CIBI      | (c) Qualified expenses you Incurred and paid I 2004 for the perso listed in column (a |
| _           | First   |  |  | Last   |   | 1                                     |   |           | 1,35  |
|             |   |  |  |  | <del></del>   |                                       |   |           |   |
|             |   |  |  |  |   |                                       |   |           |   |
|             | Arid the entounts   | in column i  | (c) of line 2.   | Do not enter more  | then \$3,000 for one  | qualitying r                          | nerson or \$6,000   |           |   |
| 3           | Add the amounts for two or more po  | in column o  | (c) of lime 2.<br>Tou complete   | . Do not enter more t<br>ad Part III, enter the  | then \$3,000 for one<br>amount from line 3  | qualifying p                          | person or \$6,000   | 3         | 1,35  |
| 3           | for two or more po  | arsons. If y   | ou complete  | Do not enter more and Part III, enter the  | amount from line 3  | 2                                     | person or \$6,000   | ********* | 1,355<br>80,97  |
| ı           | for two or more per<br>Enter your semed<br>If married filing to   | ersons. If y<br>I <b>Income. S</b><br>intly, enter   | rou complete<br>iee instructio<br>your spous   | ed Part III, enter the<br>ons<br>e's earned income (i  | amount from line 3<br>If your spouse was a  | a student                             |   | 3         | 80,97   |
| l<br>5      | for two or more pot<br>Enter your samed<br>If married filling joi<br>or was disabled, s   | ersons. If y<br>I Income. S<br>intly, enter<br>see the inst  | rou complete<br>see instruction<br>your spouse<br>tructions); a  | ed Part III, enter the<br>ons<br>e's earned income (i<br>il others, enter the a  | amount from line 3.  If your spouse was a mount from line 4.  | a student                             |   | 4 5       | 80,974<br>29,80   |
| l<br>5      | for two or more pot<br>Enter your samed<br>If married filling joi<br>or was disabled, s   | ersons. If y<br>I Income. S<br>intly, enter<br>see the inst  | rou complete<br>see instruction<br>your spouse<br>tructions); a  | ed Part III, enter the<br>ons<br>e's earned income (i  | amount from line 3.  If your spouse was a mount from line 4.  | a student                             |   | 3         | 80,97   |
| 5           | for two or more pot<br>Enter your carned<br>if married filing joi<br>or was disabled, s<br>Enter the smallest   | ersons. If y<br>I Income. S<br>intly, enter<br>see the Insi<br>t of line 3,  | rou complete<br>iee instruction<br>your spous<br>tructions); al<br>4, or 5   | ed Part III, enter the<br>ons  | amount from line 3. If your spouse was a mount from line 4.   | a student                             |   | 4 5       | 80,974<br>29,80   |
| <br>        | for two or more pot<br>Enter your carned<br>if married filing joi<br>or was disabled, s<br>Enter the smallest   | ersons. If y<br>I Income. S<br>intly, enter<br>see the Insi<br>t of line 3,  | rou complete<br>iee instruction<br>your spous<br>tructions); al<br>4, or 5   | ed Part III, enter the<br>ons<br>e's earned income (i<br>il others, enter the a  | amount from line 3. If your spouse was a mount from line 4.   | a student                             |   | 4 5       | 80,97<br>29,80  |
| 1<br>5<br>5 | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | Income. S<br>Income. S<br>intly, enter<br>see the inst<br>t of line 3,<br>from Form  | your spousifuctions); at 4, or 5   | ed Part III, enter the<br>ons  | amount from line 3<br>if your spouse was a<br>mount from line 4.  | a student                             |   | 4 5       | 80,97<br>29,80  |
| 1<br>5<br>5 | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | Income. S<br>Income. S<br>intly, enter<br>see the inst<br>t of line 3,<br>from Form  | your spousi<br>ructions); al<br>4, or 5<br>1040, line 3  | ed Part III, enter the<br>ons  | amount from line 3<br>if your spouse was a<br>mount from line 4.  | a student                             | 91,535.   | 4 5       | 80,97<br>29,80  |
| ;           | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | I Income. Sintly, entersee the Inst<br>t of line 3,<br>from Form<br>a decimal a  | your spouse<br>fructions); at<br>4, or 5<br>1040, line 3<br>amount show<br>is: But not   | ed Part III, enter the ons   | amount from line 3. If your spouse was a mount from line 4. If the amount on line 7 is:   | a student                             | 91, 535.  | 4 5       | 80,97<br>29,80  |
| ;           | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | I Income. Sintly, entersee the instant of line 3, from Form a decimal a li line 7 is   | your spouse inuctions); at 4, or 5   | ed Part III, enter the ons.  e's earned income (i ii others, enter the a   | amount from line 3 if your spouse was a mount from line 4.  s to the amount on if fine 7 is:  Over  | a student . 7 line 7 But not over     | 91, 535.  Decimal amount is                                     | 4 5       | 80,97<br>29,80  |
| ;           | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | I Income. Sinity, entersee the instant of line 3, from Form a decimal a li line 7 is   | your spouse instructions); at 4, or 5  | ed Part III, enter the ons.  e's earned income (i ii others, enter the e   | if your spouse was a mount from line 4.  s to the amount on lift line 7 is:  Over \$29,000—   | a student  Ins 7  But not over 31,000 | 91,535.  Decimal amount is                                      | 4 5       | 80,97<br>29,80  |
| ;           | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | I Income. Sinity, entersee the instant of line 3, from Form a decimal a li line 7 is over  | your spouse instructions); at 4, or 5  | ed Part III, enter the ons.  e's earned income (i ii others, enter the a   | s to the amount on the 7 to the amount from the 7 to the amount on the 7 to 1 to 1 to 1 to 1 to 1 to 1 to 1 to  | a student  Tower  31,000 33,000       | 91, 535.  Decimal amount is 27 26                               | 4 5       | 80,97<br>29,80<br>1,35  |
| ;           | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | I Income. Sinity, entersee the instant of line 3, from Form a decimal a li line 7 is over \$0 - 15,000 - 17,000 -  | your spouser s | ed Part III, enter the ons.  e's earned income (i ii others, enter the answer of the enter the answer of the enter t | s to the amount on \$29,000 - \$29,000 - \$3,000 -  | 2                                     | 91, 535.  Decimal amount is .27 .26 .25                         | 4 5       | 80,97<br>29,80<br>1,35  |
| <br>        | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | inty, entersee the instantial of line 3, from Form 4 decimal a li line 7 is 15,000 - 17,000 - 19,000 - | your spouser s | e's earned income (income (income (income))  others, enter the analysis  pecimal amount is  35  34  33  32   | s to the emount on 11 line 7 ls:  Over \$29,000 - 31,000 - 35,000 - | 2                                     | 91, 535.  Decimal amount is 27 26 25 24                         | 5 6       | 80,97<br>29,80<br>1,35  |
| 1<br>5<br>5 | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | inty, entersee the instantial of line 3, from Form 4 decimal a li line 7 is 15,000 - 17,000 - 19,000 - 21,000 - 21,000 -   | your spouseructions); al<br>4, or 5  | e's earned income (ill others, enter the a   | s to the emount on 1 1 1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3  | 2                                     | 91,535.  Decimal amount is 27 26 25 24 23                       | 5 6       | 80,97<br>29,80  |
| 5 5 7       | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | inty, entersee the instantial of line 3, from Form a decimal a li line 7 is over \$0 - 15,000 - 17,000 - 21,000 - 23,000 - 23,000 -  | your spouser s | e's earned income (ill others, enter the a   | s to the amount on 11 line 7 ls:  Over \$29,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,000 \$3,000   | 2                                     | 91,535.  Decimal amount is 27 26 25 24 23 22                    | 5 6       | 80,97<br>29,80<br>1,35  |
| 1<br>5<br>5 | for two or more pot<br>Enter your samed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount  | inty, entersee the instantial of line 3, from Form 4 decimal a li line 7 is 15,000 - 17,000 - 19,000 - 21,000 - 21,000 -   | your spousitudions); al 4, or 5  | e's earned income (ill others, enter the a   | s to the emount on 1 1 1 1 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3  | 2                                     | 91,535.  Decimal amount is 27 26 25 24 23                       | 5 6       | 80,97<br>29,80<br>1,35  |
|             | for two or more pot<br>Enter your semed<br>If married filing joi<br>or was disabled, s<br>Enter the smallest<br>Enter the amount<br>Enter on line 8 the                           | inty, enter see the instant of line 3, from Form 50-15,000-17,000-23,000-27,000-27,000-  | rou complete see instructions); al 4, or 5 1040, line 3 amount show But not over - 15,000 - 17,000 - 21,000 - 25,000 - 25,000 - 29,000   | e's earned income (ill others, enter the a   | amount from line 3. If your spouse was a mount from line 4. If line 7 is:  Over  \$29,000  \$1,000  \$3,000  \$7,000  41,000  43,000  | 2                                     | 91, 535.  Decimal amount is 27 26 25 24 23 22 21 20             | 5 6       | 80, 97<br>29, 80<br>1, 35   |
| 5 5 7 9 .   | for two or more pot Enter your served. If married filing joi or was disabled, s Enter the smallest Enter the amount Enter on line 8 the Muttiply line 6 by the enter of the file. | inty, enter see the instant of line 3, from Form a decimal a li line 7 is over \$0 - 15,000 - 17,000 - 23,000 - 25,000 - 27,000 - the decimal at the decimal | rou complete see instructions); al 4, or 5 1040, line 3 amount show But not over - 15,000 - 17,000 - 21,000 - 25,000 - 27,000 - 29,000   | e's earned income (ill others, enter the a   | amount from line 3. If your spouse was a mount from line 4. If line 7 is:  Over  \$29,000—  \$1,000—  \$3,000—  \$3,000—  \$3,000—  \$41,000—  43,000—  | 2                                     | 91,535.  Decimal amount is 27 26 25 24 23 22 21 20 instructions | 5 6       | 80,97<br>29,80<br>1,35  |

FDIA3212L, 11/16404

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 2441 (2004)

## Additional Taxes on Qualified Plans

|            | •  |                | (including IRAs   | s), <b>and Other</b> Tax                         | -Favore             | ed Accounts                             |                      | 2004   |
|------------|--|----------------|---|--|---------------------|---|----------------------|--|
| Decar      | Iment of the Treasury                            |                |   | ► Attach to Form 104                             |                     |   |                      |  |
|            | tment of the Treasury<br>al Revenue Service (99) | L_             |   | See separate instruct                            | ions.               |   | <u> </u>             | 29   |
| <b>7</b> . |  | onal i         | lax, if married filing jointly, see the   | Instructions.                                    |                     |   |                      |  |
|            | v E Baxter                                       |                | Telama ada a da da da da da da da da da da da   | A TABAS W WY TAKE                                | - 10                |   |                      | _  |
| Filli      | n Your Address                                   |                | Home address (number and afree  | y, or P.O. box il mall is not delive             | wred to your ho     | me Apero                                | NUMBER OF THE PERSON | er e   |
| This       |  | <b>&gt;</b>    | City town or and the  |  | Di-L- ter           |   |                      |  |
| Not 1      | With Your<br>Return                              |                | City, town or post office   |  | State ZIP o         | If this                                 | s is an a            |  |
| Lax        |  | _              |   |  |                     |   |                      | here.,,,, ▶  |
|            | If you only owe                                  | the            | additional 10% tax on ear<br>ig Form 5329. See the inst   | ly distributions, you may t                      | be eble to r        | eport this tax directly                 | on Ferm              | 1040,  |
| 1000       |  |                |   |  | 10 JJ.              |   |                      |  |
| 1 sat      |  |                | on Early Distribution   |  | od ago <b>50.</b> 1 | /2 from a qualified r                   | tiroman              | rian (including  |
|            | an IRA) or mo                                    | diffe          | t if you <b>tock</b> a taxable distri<br>ed endowment contract (un<br>this part to indicate that yo | less you <b>are</b> reporting this               | s tax directi       | y on Form 1040—see                      | above).              | You also may   |
|            | have to compl                                    | ete<br>ibuti   | this part to indicate that yo<br>ons (see instructions),  | u qualify for an exception                       | to the add          | itlanal tax on early dis                | stribution           | s or for certain   |
|            |  | _              |   | 1 -M-4-N-18-18-18-18-18-18-18-18-18-18-18-18-18- |                     | <del></del>                             | 1 4 1                | 12.056   |
| 1          |  |                | ed in income. For Roth IRA  | •  |                     |   | -                    | 13,956.  |
| 2          | •  |                | ed on line 1 that are not su  | •  | (668 Instru         | ictions).                               | ,                    |  |
| 9          | •••  |                | ception number from the in  |  |                     |   | 2                    | 12 056   |
| 3          |  |                | onal tax, Subtract line 2 fro<br>6 (.10) of line 3, Include thi                                     |  |                     |   |                      | 13,956.<br>1,396.  |
| 4          |  |                |   | •  |                     |   | 345048548            | 1,330.   |
|            | include 25% of that a                            | יט זט<br>נסומנ | <b>ie</b> am <b>ount</b> on line 3 was a<br>unt <b>on line 4</b> instead of 109                     | um oution irom a SIMPL<br>% (see instructions).  | ב נודא, אטנו        | may nave (0                             |                      |  |
| 1024       |  |                | con Certain Distribu  |  |                     |   | SAME SAL             | and the second s |
| ENGERI     |  |                | t if you included an amount   |  |                     |   | allon em             | ine  |
|            | account (ESA)                                    | or             | a qualified tuition program   | (QTP).   | V, 11110 ZI; 11     | iuii a cotoracii sacc                   | 0001136              | 193  |
| -5         | Digirihutions included                           | l In I         | ncome from Coverdell ES/  | As and OTPs                                      |                     | <del></del>                             | . 5                  |  |
| 6          |  |                | line 5 that are not subject   |  |                     |   | · -                  |  |
| _          |  |                | orial tax. Subtract line 6 fro  | •  |                     | •                                       |                      |  |
|            | *  |                | 6 (.10) of line 7. Include th   |  |                     |   |                      |  |
|            |  |                | con Excess Contribu   |  |                     |   |                      |  |
| 231a).     |  |                |   |  |                     | s allowable or You he                   | d an am              | ount on  |
|            | Une 17 of your                                   | 200            | t if yo <mark>u contributed more to</mark><br>33 For <b>m 5329.</b>                                 | , A  |                     |   |                      |  |
| _          | Estatus augus a                                  |                | u dina dina 16 atau   | 2003 Fem. E220 / les                             | ata saliana A       | If more we                              |                      |  |
| 9          | to line 15                                       | וויטויא        | outions from line 16 of you   | 1 2XV3 FOIM 2323 (888 III)                       | svuguures).         | ii saio' 8e                             | 9                    |  |
| 10         | It was a tenditional IDA                         |                | ntributions for 2004 are les  | - than to a marine m                             | 1 1                 |   | 影響                   |  |
| 10         | allowable contribution                           | n Goi          | e Instructions. Otherwise,  | enter -0   | 10                  |   | 66                   |  |
| 11         | 2004 traditional IRA                             | die b          | lbutions included in Income   | s (see Instructions)                             | 71                  |   |                      |  |
| 12         | 2004 distributions of                            | prio           | r year excess contributions   | (see instructions)                               | 12                  |   |                      |  |
| 13         | Add lines 10, 11, and                            | i 12.          |   |  |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | . 13                 |  |
| - 14       | Prior year excess co                             | nirib          | utions. Subtract line 13 tro  | m line 9. If zero or less, o                     | enter -0s           |   | . 14                 |  |
| 15         | Excess contributions                             | for :          | 2004 (see instructions)   | ·  |                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 15                 |  |
| 16         | Total excess contribu                            | noih           | s. Add lines 14 and 15  | •          |                     |   | . 16                 |  |
| 17         | Additional lay, Enter                            | 6%             | (.06) of the smaller of line  | 16 or the value of vour fr                       | raditional 16       | As on December 31                       |                      |  |
|            | 2004 (including 2004                             | con            | <u>tribu</u> tions made in 20 <u>05</u> ). I  | nclude this amount on Fo                         | <u>rm 1040, Ilr</u> | 19 59                                   | . 17                 |  |
| Ra         |  |                | k <b>on</b> Excess Contribu   |  |                     |   |                      |  |
|            | Complete this                                    | parl           | t if you contributed more to<br>13 Form 5329.   | your Roth IRAs for 2004                          | than is ello        | wable or you had an                     | amount               | on   |
|            | line 25 of your                                  | 200            | is rom SSZI.  |  |                     |   |                      |  |
| 18         | Enter your excess co                             | nti            | outions from line 24 of you   | r 2003 Form 5329 (see ins                        | structions).        | If zero, go to line 23                  | . 18                 |  |
| 19         | If your Roth IRA conf                            | ribir          | tions for 2004 are less than  | n your meximum allowable                         | a                   |   |                      |  |
|            | contribution, see inst                           | ruct           | ions. Otherwise, enter -0   |  | <u>19</u>           |   |                      |  |
| 20         | 2004 distributions fro                           | m y            | our Roth IRAs (see Instruc  | lions)   | 20                  |   |                      |  |
| 21         |  |                |   |  |                     |   | . 21                 |  |
| 22         |  |                | utions. Subtract line 21 fro  |  |                     |   | . 22                 |  |
| 23         |  |                | 2004 (see Instructions)   |  |                     |   | 1                    |  |
| 24         | Total excess contribu                            | ition          | s. Add lines 22 and 23  |  |                     |   | . 24                 |  |
| 25         | Additional tax. Enter                            | 6%             | (.06) of the smaller of line  | 24 or the value of your R                        | Roth IRAs o         | n December 31.                          |                      |  |
|            | 2004 (including 2004                             | con            | tributions made in 2005). I   | nclude this amount on Foi                        | rm 1940, fir        | e 59 ,                                  | . 25                 |  |
|            |  | 47             | - A - A Bladda  | 1 4 . 41   |                     |   |                      | E E220 (2004)  |

## Additional Taxes on Qualified Plans (Including IRAs), and Other Tax-Favored Accounts

2004

OMB No. 1545-0203

Department of the Treestry

► Attach to Form 1040.
See separate instructions

| Intern    | TI Hevenus Service (33)                   |  | Lette (Liber recoolity:           |   |                    | 4               | 7  |        |
|-----------|---|--|-----------------------------------|---|--------------------|-----------------|--|--------|
| Hame      | of individual subject to additional t     | tex. If merried filing jointly, use the instructions.  |                                   |   |                    |                 |  |        |
| Sus       | an R Baxter                               |  |                                   |   |                    |                 |  |        |
|           | n Your Address                            | Home address (number and street), or P.O. box if   | mail is <b>not delivered to</b> p | your home                                 | Арагителе          | NUTDEC .        |  |        |
| Only      | If You Are Filing Form by Reelf and       |  |                                   |   |                    |                 |  |        |
| Not 1     | With Your                                 | City, town or post office  | State                             | ZIP code                                  | If this le         | an amended      |  |        |
| Tax       | Return                                    |  | _                                 |   |                    | heck here       | ▶  |        |
|           | If you only owe the                       | additional 10% tax on early distribution g Form 5329, See the instructions for F   | s, you may be abl                 | e to report thi                           | ls tax directly on | Form 1040,      |  |        |
| lonovii.  |   |  | om: 1040, line 59,                |   |                    |                 |  |        |
| Fa.       | Additional Tax                            | con Early Distributions  |                                   |   | •                  |                 |  |        |
|           | Complete this part                        | t if you took a taxable distribution, <b>befor</b> ed endowment contract (unless yo <b>u are</b> )                                 | enorfing this bay o               | s <b>59-</b> 1/2, from<br>firectly on For | e qualified retire | ment plan (in:  | uding:                                   | Į      |
|           | have to complete                          | t if you took a taxable distribution, befored<br>dendowment contract (unless you are<br>this part to indicate that you qualify for | an exception to the               | additional ta                             | x on early distrit | utions or for c | ertain                                   |        |
|           | Roth IRA distributi                       | ons (see instructions).  |                                   |   |                    |                 |  |        |
| 1         | Early distributions include               | ed in income. For Roth IRA distributions   | , see instructions .              |   |                    | 1               | 4,                                       | 759.   |
| 2         |   | ed on line 1 that ere not subject to the a   |                                   | instructions).                            |                    |                 |  |        |
|           | Enter the appropriate exc                 | ception number from the instructions:  |                                   | _   | _                  | 2               |  |        |
| 3         |   | onal tax. Subtract line 2 from line 1  |                                   |   |                    | 3               |  | 759.   |
| 4         |   | 6 (.10) of line 3. Include this amount on  | •                                 |   |                    | 4               | 2-111-11-11-11-11-11-11-11-11-11-11-11-1 | 476.   |
|           | Caution: If any part of the               | n <b>e amount on line 3 was a</b> distribution fr<br>unt <b>on line 4 instead of 10% (see instru</b> d                             | om a SIMPLE IRA                   | , you may ha                              | ve to              | CHEST IS        |  |        |
| Managara  |   | <u> </u>   |                                   |   | <u></u>            | (中国上)(1971)     | lance Level                              | 國別計    |
| Pai       |   | con Certain Distributions Fron   |                                   |   |                    |                 |  |        |
|           | Complete this pert                        | t if you included an amount in income, o<br>a qualified tuition program (QTP).   | n Form 1040, line                 | 21, from a C                              | overdell educatio  | n savings       |  |        |
|           |   |  |                                   |   |                    |                 |  |        |
| _         |   | Income from Covardell ESAs and QTPs  |                                   |   | -                  | 5               |  | 2.     |
| 6         |   | line 5 that are not subject to the addition  | ,                                 | •   |                    | 6               |  |        |
|           | •   | onal tax. Subtract line 6 from line 5  |                                   |   | -                  | 7               |  | 2.     |
|           |   | 6 (,10) of line 7, include this amount on  |                                   |   |                    | 8               |  |        |
| क्षेत्र । |   | on Excess Contributions to T   |                                   |   |                    |                 |  |        |
|           | Complete this part<br>line 17 of your 200 | t if you contributed more to your traditions<br>is Form 5329.  | nai irvas tor 2004 i              | man is allowa                             | iola or you ned a  | n amount on     |  |        |
| _         | <del></del>                               |  |                                   |   |                    | -1              |  |        |
| 9         | Enter your excess contrib                 | outions from line 16 of your 2003 Form 5   | 329 (see Instruction              | ons). If zero,                            | go                 | 9               |  |        |
|           |   |  | 1                                 | 1   |                    | 75              |  |        |
| 10        | If your traditional IRA cor               | ntributions for 2004 are less than your medinatructions. Otherwise, enter -0   | munika                            | 10  |                    | *               |  |        |
| 11        |   | butions included in income (see instruc  |                                   |   |                    |                 |  |        |
| 12        |   | year excess contributions (see instruct  |                                   |   |                    |                 |  |        |
| 13        |   |  |                                   |   |                    | 19              |  |        |
| 14        |   | utions. Subtract line 13 from line 9. If ze  |                                   |   |                    | 14              |  |        |
| 15        | •   | 2004 (see instructions)  | •                                 |   |                    | 15              |  |        |
| 16        | Total excess contributions                | s, Add lines 14 and 15   |                                   |   |                    | 16              |  |        |
| 47        |   |  |                                   |   | Г                  |                 |  |        |
| 17        | 2004 (including 2004 conf                 | (.05) of the smaller of line 16 or the val<br>tributions made in 2005). Include this an  | nount on Form 104                 | 40, line 59                               | ecemon 31,         | 17              |  |        |
| Pai       | TIV Additional Tax                        | on Excess Contributions to R   | oth IRAs                          |   |                    |                 |  |        |
|           | , Complete this part                      | If you contributed more to your Roth IR  | As for 2004 than i                | s allowable o                             | r you had an am    | ount on         |  |        |
|           | line 25 of your 200                       | 3 Form 5329.   |                                   |   |                    |                 |  |        |
| 18        | Enter your excess contrib                 | outlans from line 24 of your 2003 Form 5   | 329 (see instruction              | ons). If zero,                            | go to line 23      | 18              |  |        |
| 19        | If your Roth IRA contribut                | tions for 2004 are less than your maxim  | um allowable                      |   |                    |                 |  |        |
|           | contribution, see instruct                | lons. Otherwise, enter -0  |                                   | 19  |                    | 4               |  |        |
| 20        | 2004 distributions from yo                | our Roth IRAs (see instructions),  | [                                 | 20  |                    | V.              |  |        |
| 21        |   | .,.,.,,,.  |                                   |   |                    | 21              |  |        |
| 22        |   | utions, Subtract line 21 from line 18. If a  |                                   |   |                    | 22              |  |        |
| 23        |   | 2004 (see instructions)  |                                   |   |                    | 23              |  |        |
| 24        | Total excess contribution                 | s. Add lines 22 and 23   |                                   |   |                    | 24              |  |        |
| 25        | Additional lay. Enter 6%                  | (.06) of the smaller of line 24 or the val   | us of your Roth IR                | As on Decem                               | nber 31.           |                 |  |        |
|           | 2004 (including 2004 cont                 | tributions made in 2005). Include this ar  | rount on Form 104                 | 40, tine 59                               |                    | 25              |  |        |
| BAA       | For Paperwork Reduction                   | n Act Notice, see separate instructions.   |                                   | FD1A5012L                                 | 11/22/04           | For             | n <b>532</b> 9                           | (2004) |

| 2004  | Federal Statements       |              | Page 1   |
|---|--------------------------|--------------|--|
| Client 200316   | Lew E and Susan R Baxter |              |  |
| 3/22/08   |                          |              | u4:25Pl  |
| Statement 1 - Distributor<br>Schedule C, Part V<br>Other Expenses |                          |              |  |
| Amortization  | ies                      | •••          | 490.<br>2,857.<br>5,540.<br>7,301.<br>950.<br>427.<br>444.<br>808.<br>440.<br>1,274. |
|   | 100                      | ar <u>\$</u> | 20,531.  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
| ,   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          | ,            |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |
|   | •                        | •            |  |
|   |                          |              |  |
|   |                          |              |  |
|   |                          |              |  |

| 40   |             | ama Individual Income Tax Return Society 2004  |                                   |                        |                     |            |  |
|--|-------------|--|-----------------------------------|------------------------|---------------------|------------|--|
| Color of the Color |             | = 31, 2004, or other tax year FN (For official use only)   |                                   |                        |                     |            |  |
|  | •           | ' +  | •                                 |                        |                     |            |  |
| Your first name  | de into fin | form reserve, amo give apouse's first name & MI) Last name   | ı                                 |                        |                     |            |  |
| Lew E an   | d S         | usan R Baxter  |                                   |                        |                     |            |  |
|  | ·           | \  | 1                                 |                        |                     |            |  |
| D = 4 mmd 1  | 1.          | atata ZP code  | 1                                 |                        |                     |            |  |
| Filing Status  | 1000        | AL 36022 \$1,500 Single  |                                   |                        |                     |            |  |
| and<br>Exemptions  | 2           | X \$3,000 Married filing joint return (even if only one spouse bad inco  |                                   |                        | 5 Name              |            |  |
| Check only<br>one box.   | 3<br>4      | \$1,500 Married filing separate return. Complete time 5 with species   |                                   |                        | SSN<br>Relationship |            |  |
|  | - 4         | \$3,000 Head of family (with qualifying person). (See instructions.) Wages, salaries, tips, eto (list each employer and address separately). |                                   | _                      | ma tax withhald     | _          | B - Income                             |
|  | ď           | tropical contract what are fine men civinals and contract administration   | 6 a                               |                        | 362 00              | 6a         | 8,946 00                               |
|  | b           |  | 6 b                               |                        | 630 00              |            | 20,450 00                              |
| Income   | 6           |  | 6c                                |                        | 00                  |            | 00                                     |
| and<br>Adjustments   | . 7         | Interest and dividend income (elso attach Schedule B It  |                                   |                        |                     | 7 7        | 47 00                                  |
| Adjustiliaits  | a           | Other Income (from page 2, Part I, line 9)   |                                   |                        |                     | - 8        | 66,099 00                              |
|  | 9           | Total income, Add amounts in the income column for it  |                                   |                        |                     |            | 95,542 00                              |
|  | 10          | Total adjustments to Income (from page 2, Part II, tine  |                                   |                        |                     | 10         | 4,007 00<br>91,535 00                  |
| Deductions   | 11          | Adjusted gross Income. Subtract line 10 from line 9<br>Check box a, if you flambre deductions, & onler smount from Sch A, fire               |                                   |                        | MUST be checked     | 11         | 31,535,00                              |
| Pou Must At-   | 14          | Check box b, if you do not liamize deductions, and enter standard deductions   |                                   | , a d                  |                     | 1 1        |  |
| tach page 2 of<br>Federal Form<br>1040, Federal<br>Form 1040A.   |             | ► a X Itemized Deduction ► b Standard Deduction.   |                                   |                        | 20,597 0            | 2          |  |
| Form 1040A.  | <b>- 13</b> | Federal tax liability deduction (see Instructions)   |                                   |                        | 11 0550             |            |  |
| page 1 of<br>1040EZ, or a<br>copy of your<br>Telefile  |             | DO NOT ENTER THE FEDERAL TAX WITHHELD FROM YOUR FORM W-  |                                   |                        | 11,05600            |            |  |
| Schedule III   |             | Personal exemption (from line 1, 2, 3, or 4)  Dependent exemption (from page 2, Parl III, line 2)  |                                   |                        | 3,000 0             |            |  |
| claiming a<br>deduction on<br>line 13.   | 15<br>16    | Total deductions. Add lines 12, 13, 14, and 15   | , - [ 15                          |                        |                     |            | 34, 953 00                             |
| Alia is.   | 17          | Taxable Income. Subtract line 16 from line 11  |                                   |                        |                     | 17         | 56,582 00                              |
|  | 16          | Income Tex due. Enter here and check if from   |                                   |                        |                     | 18         | 2,748 00                               |
|  | 19          | Less credits from: Schedule CR and/or Schedule CC.   |                                   |                        |                     | 19<br>20 a | 2,74800                                |
| Tax<br>Staple Form(s)  |             | Net tax due Alebame. Subtract line 19 from line 18 Consumer Use Tax (use worksheet in the instructions).                                     |                                   |                        |                     | 20 b       |  |
| Staple Form(s)<br>W-2, W-2G,<br>and/or 1099  | 21          | You may make a voluntary contribution At Democratic Par  |                                   | \$                     |                     | 214        |  |
| here.  |             | to any of the following: Alabama Election Campaign Fund, or the Neighbors Helping Neighbors Fund.  C Neighbors Helping                       | -                                 | <b>_</b> _\$           | 2 X none            | - ZIP      |  |
|  |             |  |                                   | 01- 011                |                     | 21 c       | 2,74800                                |
|  |             | Total tax liability and voluntary contribution. Add lines Alabama Income tax withheld (from Forms W-2, W-29, and/or 1099).                   |                                   | <u> </u>               | 9920                |            | 2,14000                                |
| Devesants  |             | Amount paid with extension (allach Form 4868A)   |                                   |                        | 0                   | ี<br>โ     |  |
| Payments   | 25          | 2004 estimated tex payments (see instructions)   | . ► 25                            |                        | 10                  |            | 200                                    |
|  |             | Total payments, Add lines 23 through 25  | - MACHINE                         | OH ONE                 | Ch                  | 26         | 992 00                                 |
| AMOUNT   | 27          | Place payment, along with Form 40%, loose in the mailing envelope. (F  |                                   |                        |                     | 1          |  |
| YOU OWE  |             | If paying by credit card do not include Form 407 and check here  |                                   |                        |                     | 27         | 1,932.00                               |
|  | 28          | Estimated tax penalty. Also include on line 27 (see instructions)  | 28                                |                        | 1760                |            |  |
| OVERPAID   | 29          | If line 25 is larger than line 22, subtract line 22 from line  |                                   | ter amo                | unt OVERPAID 10     |            |  |
|  | 30<br>31    | Amount of line 29 to be applied to your 2005 estimated tax   |                                   | ther amou              |                     | _          |  |
|  | ,           | Senior Services Trust Fund ► 00 1 Stripes  | n Children's                      | <b>•</b>               | 0                   | 0)         | PLEASE                                 |
|  |             | Al, Arts Development Fund. > 00 g Penny  | Trust Fun                         |                        | 10                  |            | <ul> <li>Verify your social</li> </ul> |
| Donation<br>Check-offs   |             |  | are Trest Ro                      |                        | 0                   |            | Recheck your math     Sign return on   |
|  |             | Child Abuse Trust Fund   | Health<br>riand Carvis<br>Program |                        | 1 - 6               |            | page 2  Attach W-2 form(s)             |
|  | •           | k AL 4-1   |                                   | <b>&gt;</b>            | Ŏ                   |            |  |
|  |             | Total. Add line 30 and lines 31a, b, c, d, e, f, g, h, i, j,   |                                   |                        |                     | 322        | 00                                     |
| REFUND   | 33          | REFUNDED TO YOU, (CAUTION: You must sign this return on page   |                                   | net U B                | . 9                 | 93         | 00                                     |
| J  |             | Subtract line 32 from line 29. For Direct Deposit, check here an   |                                   | ail t <sub>i</sub> Pau | 2                   | 33         | . (00<br>AL30                          |

| E CORPORADO CANADA   |   | Lew E and Susan R Baxter   |  |  |  |  | A.   | GE 2               |  |
|--|---|--|--|--|--|--|--|--------------------|--|
|  |   |  |  |  |  |  |  |                    |  |
| PARTIES  | 1   | •  |  |  |  |  |  |                    |  |
|  | 2   | Business Income or (loss) (attach Federal S  |  | •  |  |  |  | 00                 |  |
|  | 3   | Gain or (loss) from sale of Real Estate, Stoo  |  |  | -  | _  |  |                    |  |
| Other  | -   | Total IRA distributions 4a   |  |  | nt (see instructions).   |  | ь 12,503   |                    |  |
| Income<br>(see   | _   | Total pensions & annullies 5 a   |  |  | int (see instructions).  |  | b 6,212  |                    |  |
| instructions)  | 6   | Rents, royalties, partnerships, estates, trust   |  |  |  |  |  | 00                 |  |
|  | 7   | Farm income or (loss) (attach Federal Schee  | •  |  |  | 7  |  | 00                 |  |
|  | 8   | Other Income (state nature and source - see Instruction  | s)   |  |  | -   .  |  |                    |  |
|  |   | Qual. State Tuition Program  | Earnings   |  |  | 8  |  | 00                 |  |
|  |   | Total other income. Add lines 1 through 8. E   |  |  |  |  |  |                    |  |
| PARM   | -   | Your IRA deduction   |  |  |  |  | 8  | 00                 |  |
|  |   | Spouse's IRA deduction   |  |  |  |  | ь  | 00                 |  |
|  | 2   | Payments to a Keogh ratirement plan and s  |  |  |  |  |  | 00                 |  |
| Adjust-  | 3   | Penalty on early withdrawal of savings   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |  |  | . 3  | 6  | 00                 |  |
| ments  | 4   | Alimony paid, Recipient's last name.   |  | _ SZN >  |  | _  |  |                    |  |
| to income  |   | Address  |  | _  |  | 4  |  | 00                 |  |
| (soe<br>instructions)  | 5   | Adoption expenses  |  |  |  |  |  | 00                 |  |
|  | 6   |  | - 6  |  | 00   |  |  |                    |  |
|  | 7   | Self-employed health insurance deduction .   | • • • • • • • • • • • • • • •  |  |  | <u> </u> 7   |  |                    |  |
|  | 8   | Total adjustments. Add lines 1 through 7. Enter here ar  | nd also on page 1, line  | 10, , , , ,  |  | <u> </u>   | 4,007  | 100                |  |
| PARTIL   | 1:  | Dependents:  | (2) Depen  | dont's social  | (3) Depandent's  |  | (4) Old year provide   |                    |  |
|  |   | (1) First name Last name   |  | number.  | relationship to you.   | 1 4  | more their one half<br>spendent's support?   |                    |  |
| Dependents   |   |  |  |  |  | _  | Yes  |                    |  |
| D Open Months  |   |  |  |  |  | ,  |  |                    |  |
| Do not include   |   | -  |  |  |  | 1  |  |                    |  |
| your spouse  |   |  |  |  |  |  |  | $\Box$             |  |
| Case   | ,   | Total number of dependents claimed above   | 10   |  |  |  |  | 1                  |  |
| (see<br>matructions)   | 2   | Amount allowed. (Multiply \$300 by the total   | number of depen  | dents claime   | d on line 1b.)   |  |  |                    |  |
|  | _   | Enter amount here and on page 1, line 15.  | member of depon  | 40.72  |  | <b>&gt;</b> 3  | 300  | 100                |  |
| PARMENA  | 1   | Residency X Full Year If your  |  | neldost of Al  | elizelper 2004 és  | dinato i   | your period of residence:  |                    |  |
| 27.45.27   | •   |  |  |  |  | ulcare.  | 2004. Total months   |                    |  |
|  | _   | Check only one box Part Year From  |  |  |  |  |  |                    |  |
| General  | 2   |  | or the Year Zuust  | м тез  | , LIND   |  |  |                    |  |
| Mnformation  | General                                     |  |  |  |  |  |  |                    |  |
| 19   | 3   |  | -(-)-  | <del></del>  |  | _  |  | _                  |  |
|  | 4   | Give name and address of present employe   |  |  |  |  |  | _                  |  |
|  | 4   | Give name and address of present employe<br>Yours Flowers Baking Co of O   |  | _  | , <del>-</del>   |  |  | _                  |  |
| AH   | 4   | Give name and address of present employer Yours Flowers Baking Co of O   |  |  | Coderni Tourible   | Danma  | \$ 67 954  | <u>_</u>           |  |
| Ali<br>Texpayers<br>Must   | 4   | Give name and address of present employer Yours Flowers Baking Co of O Yours Enter the   | pelika LLC   |  | Federal Taxable  | ncome  | \$ 67,954.   | <u>_</u>           |  |
| Must<br>Complete   | 4   | Give name and address of present employer yours Flowers Baking Co of O yours spouse's Enter the as report our your coop report it intervolues  | pelika LLC   | m.   | •  |  |  |                    |  |
| Must<br>Complete<br>This   | 4   | Give name and address of present employer yours Flowers Baking Co of O yours spouse's Enter the as reported as your zoom record at attributed to you have income which is reported on your Federal re-   | pelika LLC income rax renuetum, but not reported   | rm.<br>Ion yeur AL relu  | rn (other than your a  |  |  |                    |  |
| Must<br>Complete   | 4   | Give name and address of present employer yours Flowers Baking Co of O yours process to spouse's Enter the as reported as your source as record as microrousis to you have income which is reported on your Federal in it yes, enter source(s) and amount(s) below   | pelika LLC income rax renuetum, but not reported   | rm.<br>Ion yeur AL relu  | nn (elher than your a<br>refund)   | lato tex   | ndund)ž[Yes X]   | *• 100             |  |
| Must<br>Complete<br>This   | 4   | Give name and address of present employer yours Flowers Baking Co of O yours pouse's Enter the as reported as your zoon reder at microrousing the year, enter source(s) and amount(s) below Source   | pelika LLC income rax renuetum, but not reported   | rm.<br>Ion yeur AL relu  | nn (elher than your a<br>refund)   | late tex<br>Amoun  | refund)ž [Yes X]ř  |                    |  |
| Must<br>Complete<br>This<br>Section  | 4   | Give name and address of present employer yours Flowers Baking Co of O yours spouse's Enter the as reported anyour zoon receipt microrousing the populate income which is reported on your Federal in the yes, enter source(s) and amount(s) below Source Source   | melika LLC<br>moome rax remeters, but not reported<br>r. (other than state   | rn.<br>on your AL retu<br>s income tex   | en (ether than your a  | lato tex   | refund)ž [Yes X]ř  | 00                 |  |
| Must<br>Complete<br>This<br>Section  | 5   | Give name and address of present employer yours Flowers Baking Co of O yours blooms the as reported at your 2004 reduct at the as reported at your 2004 reduct at the it yes, enter source(s) and amount(s) below Source Source For Direct Deposit of your refund, complete  | mcome rax remeture, but not reported r. (other than state  | m.<br>on your AL relu<br>s Income tex<br>, (See Instru   | en (ether than your serions)   | lata tex<br>Amoun<br>Amoun   | refund)ž [Yes X]ř  | 00                 |  |
| Must Complete This Section   | 9 6   | Give name and address of present employer yours Flowers Baking Co of O Yours Enter the as reported on your 2004 redeal in its yes, enter source(s) and amount(s) below Source Source For Direct Deposit of your refund, complete Routing Number:   | melika LLC<br>moome rax remeters, but not reported<br>r. (other than state   | m.<br>on your AL relu<br>s Income tex<br>, (See Instru   | en (ether than your serions)   | late tex<br>Amoun  | refund)ž [Yes X]ř  | 00                 |  |
| Must<br>Complete<br>This<br>Section  | 5   | Give name and address of present employer yours Flowers Baking Co of O Yours Enter the as reported anyour zoon reder at intervious Do you have income which is reported on your Federal reit yes, enter source(s) and amount(s) below Source Source For Direct Deposit of your refund, complete Routing Number: Account Number:  | meelika LLC moome rax remetum, but not reported r. (other than state) 1, 2, and 3 below 2 Ty   | rn. on your AL retus s Income tax s. (See Instru   | refund)  refund)  refund)  refund Sections)  | Amoun<br>Amoun<br>Amoun  | rafund)ž Yes XIII  | 00                 |  |
| Must Complete This Section   | 4<br>9<br>6                                 | Give name and address of present employer yours Flowers Baking Co of O yours process and anyour several microrousis. Do you have income which is reported on your Federal mit yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Departs  | melika LLC income rax renuetum, but not reported r. (other than state 1, 2, and 3 below 2 Ty   | rn. on your AL returns income teach one; (See Instruction) one; Che  | refund)  refund)  retions) setking Si  | Amoun<br>Amoun<br>Amoun<br>avings  | refund)2 Yes X1  | 00                 |  |
| Must Complete This Section  PARTON  Direct Deposit   | 4<br>9<br>6                                 | Give name and address of present employer yours Flowers Baking Co of O yours blooms the Baking Co of O of O of O of O of O of O of O o   | melika LLC income rax renuetum, but not reported r. (other than state 1, 2, and 3 below 2 Ty   | rn. on your AL returns income teach one; (See Instruction) one; Che  | refund)  refund)  retions) setking Si  | Amoun<br>Amoun<br>Amoun<br>avings  | refund)2 Yes X1  | 00                 |  |
| Must Complete This Section  PARTY  Direct Deposit  | 4<br>9<br>6                                 | Give name and address of present employer yours Flowers Baking Co of O yours process and anyour several microrousis. Do you have income which is reported on your Federal mit yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Departs  | melika LLC income rax renuetum, but not reported r. (other than state 1, 2, and 3 below 2 Ty   | rn. on your AL returns income teach one; (See Instruction) one; Che  | refund)  refund)  refund)  refund)  refund)  refuns)  secking Sa  y return and atta and statements, and atten of which prepar  | Amoun Amoun svings schmer to the beer has ar   | refund)2 Yes X1  | 00                 |  |
| PARTINATION  PARTINATION  PARTINATION  Direct  Deposit  Sign  Here  Keep a copy of                                   | 4<br>9<br>6                                 | Give name and address of present employer yours Flowers Baking Co of O your spouse's Enter the as reported on your zoon reported on your federal reit yes, enter source(s) and amount(s) below Source Source For Direct Deposit of your refund, complete Routing Number:  Account Number:  X   authorize a representative of the Depart interpretation of preparer (other true, correct, and complete, Declaration of preparer (other true, correct, and complete, Declaration of preparer (other preparer (ot | melika LLC  morne rax renuetum, but not reported r. (other than state  1, 2, and 3 below 2 Ty  ment of Revenue   | on, on your AL reluis income taxe  i, (See Instruit, Che  continue to discuss m  nying schedyles  sed on all inframe   | refund)  refund)  refund)  refund)  refund)  refuns)  secking Sa  y return and atta and statements, and atten of which prepar  | Amount Amount Amount avings white the beet has at Your occ Dist  | Take with my preparer. This with my preparer. This form knowledge and belief, the properties of the pr | 00                 |  |
| Must Complete This Section  PARTY Direct Deposit Sign Here   | 4<br>5<br>6                                 | Give name and address of present employer yours Flowers Baking Co of O your spouse's Enter the as reported on your zoon reported on your federal reit yes, enter source(s) and amount(s) below Source Source For Direct Deposit of your refund, complete Routing Number:  Account Number:  X   authorize a representative of the Depart interpretation of preparer (other true, correct, and complete, Declaration of preparer (other true, correct, and complete, Declaration of preparer (other preparer (ot | melika LLC  morne rax renuetum, but not reported r. (other than state  1, 2, and 3 below 2 Ty  ment of Revenue   | on, on your AL reluis income taxe  i, (See Instruit, Che  continue to discuss m  nying schedyles  sed on all inframe   | refund)  refund)  refund)  refund)  refund)  refund Si  refund Si  settions)  return and atte and statements, and alian of which prepar home number  | Amount Amount Amount avings white the beet has at Your occ Dist  | refund)2 Yes XIII  This with my preparer.  That of my knowledge and belief, if y knowledge.  Eupation  | 00                 |  |
| Must Complete This Section  PARTY  Direct Deposit  Sign Here Keep a copy of the return for                           | 4<br>5<br>6                                 | Give name and address of present employers  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Spouse's  Enter the as reported on your zoon redeal in interviously  By you have income which is reported on your Federal in  If yes, enter source(s) and amount(s) below  Source  For Direct Deposit of your refund, complete  Routing Number:  Account Number:  X   authorize a representative of the Depart  Index penalties of perjury, I declare that I have examined the  true, correct, and complete. Declaration of preparer (other  Your signature  | ment of Revenue  bis return and accompa or than state  1, 2, and 3 below 2 Ty  ment of Revenue bis return and accompa or than taxpayer) is ba  Date  | on your AL reluis income text  i. (See Instruction Check Che | refund)  refund)  refund)  refund)  refund)  refund Si  refund Si  settions)  return and atte and statements, and alian of which prepar home number  | Amoun Amoun Amoun avings where to the beer has ar Your occ Dist Spouse:  | refund)? Yes Xint    Its with my preparer. In the my knowledge and belief, a pupation    Tibutor    Tibutor    Tibutor    Tutive Assistant   | 00                 |  |
| Must Complete This Section  PARI  Direct Deposit  Sign Here  Keep a copy of this return for your records.            | 4 9 6                                       | Give name and address of present employer yours Flowers Baking Co of O spouse's Enter the as reported on your zoon record in intervious Do you have income which is reported on your Federal reit yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Departs for the penalties of preparer (oth four signature). Declaration of preparer (oth four signature)   | ment of Revenue  bis return and accompa or than state  1, 2, and 3 below 2 Ty  ment of Revenue bis return and accompa or than taxpayer) is ba  Date  | on your AL reluis income text  i. (See Instruction Check Che | refund)  refund)  refund)  refund)  retions)  ecking Si  by return and atta and statements, and alien of which prepar home number  | Amoun Amoun Amoun avings where to the beer has ar Your occ Dist Spouse:  | Talund)? Yes Xh  This with my preparer. T     | 00                 |  |
| Must Complete This Section  PART  Direct Deposit  Sign Here  Keep a copy of this return for your records.            | 4<br>9<br>6                                 | Give name and address of present employers  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Flowers Baking Co of O  Yours Spouse's  Enter the as reported on your zoon redeal in interviously  By you have income which is reported on your Federal in  If yes, enter source(s) and amount(s) below  Source  For Direct Deposit of your refund, complete  Routing Number:  Account Number:  X   authorize a representative of the Depart  Index penalties of perjury, I declare that I have examined the  true, correct, and complete. Declaration of preparer (other  Your signature  | ment of Revenue  bis return and accompa  or than state  1, 2, and 3 below  2 Ty  ment of Revenue  bis return and accompa or than baxpayer) is ba  Date   | on your AL reluits income took  (See Instruit)  (Che instruit) | refund)  refund)  refund)  refund)  refund)  refund Si  refund Si  settions)  return and atte and statements, and alian of which prepar home number  | Amoun Amoun Amoun avings where to the beer has ar Your occ Dist Spouse:  | refund)? Yes Xint with my preparer.  Into with my preparer.  Into my knowledge and belief, a proposed ge.  Expation  Tibutor  Soccupation  Tutive Assistant  | 00                 |  |
| Parent Complete Complete This Section  Parent Direct Deposit  Sign Here Keep a copy of this return for your records. | 1 3   | Give name and address of present employer Yours Flowers Baking Co of O Spouse's Enter the as reported on your zoon reported on your Federal religious and annount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X   authorize a representative of the Departs and complete. Declaration of preparer (other signature)  Preparer's Signature (if joint return, BOTH must sign)  Preparer's Signature (if joint return, BOTH must sign)  | ment of Revenue  bis return and accompa  or than state  1, 2, and 3 below  2 Ty  ment of Revenue  bis return and accompa or than baxpayer) is ba  Date   | on your AL reluits income took  (See Instruit)  (Che instruit)  Che instruit  Che inst | refund)  refund)  refund)  refund)  refund)  sctions)  sctions   Si  sct | Amoun Amoun Amoun avings where to the beer has ar Your occ Dist Spouse:  | refund)? Yes Xint with my preparer.  Into with my preparer.  Into my knowledge and belief, a proposed ge.  Expation  Tibutor  Soccupation  Tutive Assistant  | 00                 |  |
| Must Complete This Section  PART  Direct Deposit  Sign Here  Keep a copy of this return for your records.            | 4 5 6 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Give name and address of present employer Yours Flowers Baking Co of O Yours Flowers Baking Co of O Yours pouse's Enter the as reported on your select an your zoon redeal in the yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Depart Index penalties of perjury, I declare that I have examined the two, correct, and complete, Declaration of preparer (of four signature)  Freparer's Signature (if joint return, BOTH must sign)  Preparer's Signature Frank V. Jones, Complete Frank V. Jones Frank  | ment of Revenue is return and accompa to the part of sevenue are than baxpayer) is ba Date   | on your AL reluits income took  (See Instruit)  (Che instruit)  Che instruit  Che inst | refund)  refund)  refund)  refund)  refund)  sctions)  sctions   Si  sct | Amoun Amoun Amoun avings where to the beer has ar Your occ Dist Spouse:  | Instant)2 Yes Xint Instant     | 00                 |  |
| Parent Complete Complete This Section  Parent Direct Deposit  Sign Here Keep a copy of this return for your records. | 4 9 6 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Give name and address of present employer Yours Flowers Baking Co of O spouse's Enter the as reported on your zoon reported on your federal relives, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Depart Index penalties of petany, I declare that I have examined the true, correct, and completes. Declaration of preparer (oth four signature)  Frank V. Jones, Completes of your rate of the Depart Index penalties of petany.   | pelika LLC  Income tax returns but not reported r. (other than state  1, 2, and 3 below 2 Ty,  ment of Revenue his return and accompany than baxpayer) is bath Date  PA  | on your AL reluis income team  is income team  is (See Instru  pe: Che  to discuss m  nying achedylas  sed on all Infant  Daytims telepi  Date   | refund)  sections) sections Si | Amount Amount Amount avings chimer to the be re that or Your occ Dist Spouse' Exec   | refund)2 Yes Xives  At the state of the s    | 00<br>  00<br>  00 |  |
| Parent Complete Complete This Section  Parent Direct Deposit  Sign Here Keep a copy of this return for your records. | 4 9 6 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Give name and address of present employer Yours Flowers Baking Co of O spouse's Enter the as reported on your zoon reported on your federal relives, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Depart Index penalties of petany, I declare that I have examined the true, correct, and completes. Declaration of preparer (oth four signature)  Frank V. Jones, Completes of your rate of the Depart Index penalties of petany.   | pelika LLC  Income tax returns but not reported r. (other than state  1, 2, and 3 below 2 Ty,  ment of Revenue his return and accompany than baxpayer) is bath Date  PA  | on your AL reluis income team  is income team  is (See Instru  pe: Che  to discuss m  nying achedylas  sed on all Infant  Daytims telepi  Date   | refund)  sections) sections Si | Amount Amount Amount avings chimer to the be re that or Your occ Dist Spouse' Exec   | refund)2 Yes Xives  At the state of the s    | 00<br>  00<br>  00 |  |
| Parent Complete Complete This Section  Parent Direct Deposit  Sign Here Keep a copy of this return for your records. | 4 9 6                                       | Give name and address of present employer Yours Flowers Baking Co of O yours process's Enter the as reported on your zoon revenues in known and it yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X   authorize a representative of the Depart Index pentities of peting, I declare that I have examined the true, correct, and complete. Declaration of preparer (oth four signature)  For parer's ignature  Frank V. Jones, C. Source in a declare that I have examined the period of the declare that I have examined the period of the period of the pentities of period of the declaration of preparer (oth four signature)  Frank V. Jones, C. Source, and addressed envelope came with your returns, mail your return to one of the addresses  | pelika LLC  Income 1ax renuetum, but not reported r: (other than state  1, 2, and 3 below 2 Ty  ment of Revenue his return and accompany than baxpayer) is ba  Date  Date  PA  | on your AL returns toxics income toxics.  If (See Instruction Check Instruction Chec | refund)  refund)  refund)  refund)  retions)  seking Si  seking Si  seking Si  and statements, and attent of which prepar home number  Check If solf-amployed  e instructions on   | Amount Amount Amount Amount Amount Amount  Amo | refund)? Yes Xh  Ats with rny preparer.  Inst of my knowledge and belief, a my knowledge.  Eupation  Initiative Assistant  Preparer's SSN or PTIN  ZIP Code 36801  Typicope. If you do not have  | 00<br>  00<br>  00 |  |
| PARTONIANT OF THE SPECTION SPECTION SIGN Here Keep a copy of this return for your records.  Paid Preparer's Use Only | 4 9 6                                       | Give name and address of present employer Yours Flowers Baking Co of O Yours Flowers Baking Co of O Spouse's Enter the as reported anyour zoon reverse in increases the property of your reverse in increases if yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X   authorize a representative of the Departure of the consol, and complete. Declaration of preparer (other signature)  Your signature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)  Preparer's ignature (f joint return, BOTH must sign)   | pelika LLC  Income 1ax renuetum, but not reported r: (other than state  1, 2, and 3 below 2 Ty  ment of Revenue his return and accompany than baxpayer) is ba  Date  Date  PA  | on your AL reluses income toxic  i. (See Instruction)  i. (See Ins | refund)  refund)  refund)  refund)  refund)  refund)  sctions)  sctions)  sctions   Si | Amount Amount Amount Amount avings  chimer to the berichs are Your occ Dist Spouse's Exec  | refund)2 Yes Xives  At the state of the s    | 00<br>  00<br>  00 |  |
| Direct Deposit  Sign Here Keep a copy of this return for your records.  Paid Preparer's Use Only  WHERE              | 4 9 6                                       | Give name and address of present employer Yours Flowers Baking Co of O Spouse's Enter the as reported any your zoon reads at intervious Do you have income which is reported on your Federal reit yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  X I authorize a representative of the Departure from the period of preparer (oth your signature of income, and complete. Declaration of preparer (oth your signature of income, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  Preparer's ignature (if joint return, BOTH must sign)  | pelika LLC  Income 1ax renuetum, but not reported r: (other than state  1, 2, and 3 below 2 Ty  ment of Revenue his return and accompany than baxpayer) is ba  Date  Date  PA  | on your AL reluis income took  (See Instruction Che  to discuss maying achedylas sed on all tribum)  Daytima telepi  Date  Date  Alabama D   | refund)  refund)  refund)  refund)  refund)  refund)  refund)  refund)  Stations)  refund Stations  refund S | Amount Amount Amount Amount avings  chimer to the berichs are Your occ Dist Spouse's Exec  | refund)? Yes Xh  Ats with rny preparer.  Inst of my knowledge and belief, a my knowledge.  Eupation  Initiative Assistant  Preparer's SSN or PTIN  ZIP Code 36801  Typicope. If you do not have  | 00<br>  00<br>  00 |  |
| PARTONIANT OF THE SPECTION SPECTION SIGN Here Keep a copy of this return for your records.  Paid Preparer's Use Only | 1 3   | Give name and address of present employer Yours Flowers Baking Co of O yours Flowers Baking Co of O Spouse's Enter the as reported on your zoon reverse in increased in your zoon reverse in increased if yes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  X I authorize a representative of the Department rounder paralties of perfery, I declare that I have examined the true, cornect, and complete. Declaration of preparer (other signature)  Frank V. Jones, Cornect in addresses of your return to one of the addresses (you are not making a payment, mail your return to:  Alabama Department of Revenue P.O. Box 154  Montgomery, Alabama 36135-0001   | pelika LLC  income tax renuetum, but not reported r. (other than state  1, 2, and 3 below 2 Ty  ment of Revenue his return and accompany than baxpayer) is ba  Date  PA  Imp. please use it below.   | on your AL returns toxic income toxic income toxic income toxic income toxic income toxic income toxic income toxic income to the control income to the control income toxic i | refund)  refund)  refund)  refund)  refund)  refund)  refund)  refund  Site of the control of th | Amount Am | refund)2 Yes XP  At with rny preparer.  At of my knowledge and belief, a price of my knowledge and belief, a price of my knowledge and belief, a price of my knowledge.  At of my knowledge and belief, a price of my knowl    | 00<br>  00<br>  00 |  |
| Direct Deposit  Sign Here Keep a copy of this return for your records.  Paid Preparer's Use Only  WHERE TO FILE      | 1 3   | Give name and address of present employer Yours Flowers Baking Co of O spouse's Enter the as reported on your zoon reported on your Federal relifyes, enter source(s) and amount(s) below Source Source  For Direct Deposit of your refund, complete Routing Number:  Account Number:  Account Number:  X   authorize a representative of the Departs in the period of preparer (others signature)  Freparer's ignature (if joint return, BOTH must sign)  Frank V. Jones, C. Source in addresses of an addressed envelope came with your returns, mail your return to one of the addresses if you are not making a payment, mail your return to:  Alabama Department of Revenue P.O. Box 154  | pelika LLC  precipitation in the period of the control of the company of the comp | on your AL reluis income took  (See Instruction Che  to discuss maying achedylas sed on all inflamm  Daytima telepi  Date  Date  Alabama D  P.O. Sox 26  Montgorne or reluitor year year year year year year year yea  | in (ether than your a refund)  refund)  refund)  refund)  refund)  refund)  Site of the second of the second number of the second of the secon | Amount Amount Amount avings where to the berins are your one Dist Spouse's Exec  | refund)? Yes Xint with my preparer.  Into with my preparer.  Into my knowledge and belief, the properties occupation in the preparer's SSN or PTIN  EIN  ZIP Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  IVE Code 36801  | 00<br>  00<br>  00 |  |

Mail your Form 40V to the following address:
Alabama Department of Revenue
P. O. Box 2401
Montgomery, AL 36140-0001

|   | DETACHALONG THIS LINE AND MAIL VOUC<br>FORM AL<br>40V Individu | HER WITH YOUR FULL PAYMENT<br>ABAMA DEPARTMENT OF REVE<br>al Income Tax Paymen | inue<br>t Voucher 2004   |
|---|--|--|--------------------------|
| Tax Type: II  y Tax Period: 12-31-2004  Primary Taxpayer SSN: 4  Tax Form (mark only one): X 40  Tax Amount Due: \$ 1, 93 | 40A40NR E40  | u  |                          |
| O O PRIMARY TAXPAYERS FIRST NAME R U Lew B  | Susan R  | last NAME<br>Baxter  |                          |
| H Deatsville, AL 36022  |  | STATE ZP   | DAYTINE TELEPHONE NUMBER |
| HT<br>1   | To Pay by Cre<br>Call 1-800-2/<br>(2/<br>or visit www.official | PAYTAX<br>72-9829)   | ALIA1503L 10/11/04       |

40860422867350010304323304000017320000000000004032666588843

AL90

SCHEDULES
A, B, & CR
(FORM 40)

# ALABAMA DEPARTMENT OF REVENUE Schedule A — Itemized Deductions

(Schedules B and CR are on page 2)
ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

2004

| Levy P and                       | Cts        | san R Baxter   |         | ·  |                 |                         |
|----------------------------------|------------|--|---------|--|-----------------|-------------------------|
|                                  |            |  | sizad e | dad utlane claimed an VALE                     | Fade            | rol return however the  |
| amounts may di                   | ffer.      | ions you may claim for the year 2004 are similar to the Item<br>Please see instructions before completing this schedule. P<br>at below only those deductions actually paid while a residen | ART-    | EAR RESIDENTS: A reside                        | ent of          | Alabama for only a part |
| of the year shou                 | ıld lit    |  | it of A | labam <b>a.</b>                                | _               | <del> </del>            |
|                                  |            | CAUTION: Do not include expenses relimbursed or peld by others.  |         |  | ĺ               |                         |
| Medical and                      |            | Medical and dental expenses  | 1_      | 00   |                 |                         |
| Dental                           | 2          | Enter emount from Form 40, lins 11 2   |         |  |                 |                         |
| Expenses<br>(See instructions)   |            | Multiply the argount on line 2 by 4% (.04). Enter the result.  | -       | 00   |                 |                         |
| (con atempressie)                | _          |  |         |  | ۱,              | ا ا                     |
|                                  | <u>.4</u>  | Subtract line 3 from line 1. Enter the result. If zero or less<br>Real estate baxes  | 5       | 362 00   | <del>  </del>   | 00                      |
|                                  | 6          | FICA Tax (Social Security & Medicare) and Federal  | _       |  | 1               |                         |
| Taxes You                        | _          | Self-Employment Tax  | 6       | 7,560 00                                       |                 |                         |
| Paid                             | 7          | Railroad Retirement (Tier 1 only)  | 7_      | 00   | l               |                         |
| (See instructions)               | 8          | Other boxes. (List — include personal property bases.) >   |         | lan lan  | l               |                         |
|                                  | _          |  | 8       | 00   |                 | 7 000                   |
| <del></del>                      |            | Add the emounts on lines 5 through 8. Enter the total her  |         |  | 9               | 7,922 0                 |
| Interest You                     | 108        | a Home mortgage interest & points reported to you on Federal Form 1098 .   | 100     | 10,03300                                       | 1               | Į.                      |
| Pald                             |            | Home mortgage int not reported to you on Fed Form 1098. (If paid to an   |         |  |                 |                         |
| (See instructions)               | •          | individual, show that person's name & addr.)   | 1       |  | 1               |                         |
|                                  |            | limitations' stime (met basent a traum of spot.)   | 1       |  | l               | 1                       |
| NOTE:                            |            |  | 106     | .l loo   | Į.              |                         |
| Personal                         |            | Points not reported to you on Form 1099  |         | 00   |                 |                         |
| Interest<br>is not               | 12         | Investment interest (Attach Form 4952A)  | 12      | 100  |                 |                         |
| deductible.                      |            | Add the amounts on lines 10a through 12. Enter the total   |         |  | 13              | 10,8990                 |
|                                  | 1.3        | CAUTION: If you made a charitable contribution and   | Tiona.  |  | <del>  '-</del> | 20,000                  |
| 410.1                            |            | received a benefit in return, see instructions.  |         |  |                 |                         |
| Gifts to<br>Charity              | 14         | Contributions by cash or check   | 14      | 1,416 00                                       |                 |                         |
| See Instructions)                | 15         | Other than each or check, (You MUST attFed Form 8283 if over \$500.).  | 15      | 360 00   |                 |                         |
| \$                               | 16         |  |         |  |                 |                         |
|                                  | 17         |  |         |  | 17              | 1,776 0                 |
| 0                                | 18:        | a Enter the amount from Federal Form 4684, line 16 (See instructions)  | 18 a    | 00   |                 |                         |
| Casualty and<br>Theft Loss       |            | Enter 10% of your adjusted gross income (Form 40, line 11)   |         |  |                 | <b>I</b>                |
| (Attach Form 4654)               |            | Subtract line 18b from Ilna 18a. If zero or lass, enter -0   |         |  | 180             | <u> </u>                |
|                                  |            | Unraimbursed employee expenses — job travel, traion dues, job  | Т       |  |                 |                         |
|                                  |            | education, etc (You MUST attach Federal Form 2106 if required.   | l –     | 1  |                 | 1                       |
|                                  |            | See Instructions.) >   | j       | 1  | 1               |                         |
|                                  |            |  | ]       |  |                 |                         |
| Job Expenses<br>and Most         |            |  | 19      | 00   |                 |                         |
| Other                            | 20         | Other expenses (Investment, tex preparation, sale deposit box, etc).   | T       |  | 1               |                         |
| Miscellaneous<br>Deductions      |            | List type and amount >   | 1       |  | ı               |                         |
| (See instructions)               |            |  | 20      | 100  | ו               |                         |
|                                  | 21         | Add the amounts on lines 19 and 20. Enter the total  | 21      | 00   | ]               |                         |
|                                  | 22         | Multiply the amount on Form 40, line 11 by 2% (.02).   |         |  | ]               | · .                     |
|                                  |            | Enter the result here  | 22      | 00   | ┥               |                         |
|                                  | 23         |  | ess, e  | nter -0  | 23              | 00                      |
|                                  | 24         | Other (from list in instructions), List type and amount >  |         |  | 4               |                         |
| Other                            |            | <u> </u>   |         | <u>.                                      </u> | 4               |                         |
| Miscellaneous                    |            |  |         |  | 4               |                         |
| Deductions                       |            |  |         |  | 1               |                         |
|                                  |            |  |         |  | 24              | 0 0                     |
| Qualified Long-<br>Term Care Ins |            | CAUTION: Do not Include medical premiums.  |         |  |                 |                         |
| Preplems                         | <u> 25</u> | Enter amount here  |         | .,,,,,,,                                       | 25              | 00                      |
| Total Itemized                   | 26         | Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 2  | 5. Ent  | ter the total here. Then                       |                 |                         |
| Peductions                       |            | enter on Form 40, page 1, line 12  |         |  | 26              | 20,597                  |

ALIA0201L 11/10/04

Schedule A (Form 40) 2004 AL30 **SCHEDULES** D&E (FORM 40)

### ALABAMA DEPARTMENT OF REVENUE Schedule D — Net Profit or Loss

2004

Name(s) as shown on Form 40

(Schodule E is on page 2) ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULES D AND E

Lew E and Susan R Baxter

### Net Profit or Loss From Sale of Real Estate, Stocks, Bonds, etc.

| (a)<br>Kind of<br>Property | (b)<br>Date<br>Acquired | (c)<br>Dale<br>Sold | (d)<br>Amount<br>Received | (e)<br>Depreciation<br>Allowable Since<br>Acquisition | Cost or<br>Other Basis | (g)<br>Subsequent<br>Improvements | (h)<br>Net Profit or (Loss<br>(Columns d end e le<br>Columns f end g) | s)<br>1829<br>) |
|----------------------------|-------------------------|---------------------|---------------------------|---|------------------------|-----------------------------------|---|-----------------|
| ioneer Fund                | A                       |                     | 76                        |   |                        |                                   | 76  | 0               |
|                            |                         |                     |                           |   |                        |                                   |   | 0               |
|                            |                         |                     |                           |   |                        |                                   |   | C               |
|                            |                         |                     |                           |   |                        |                                   |   | k               |
|                            |                         |                     |                           |   | _                      |                                   |   |                 |
|                            |                         | ,                   |                           |   |                        |                                   |   | 1               |
|                            |                         |                     |                           |   |                        |                                   |   | ļ               |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   |                        |                                   | _   | 1               |
|                            |                         |                     |                           |   |                        |                                   |   | 4               |
|                            |                         |                     |                           |   |                        |                                   |   | 4               |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   |                        |                                   |   | 4               |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   |                        |                                   |   | $\downarrow$    |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   |                        | ·                                 |   |                 |
|                            |                         |                     |                           |   |                        |                                   |   |                 |
|                            |                         |                     |                           |   | _                      |                                   |   |                 |
| 1 TOTAL NET                | PROFIT OR (LO           | SS) Enter here      | and on Form 40.           | page 2, Parti, fin                                    | ъ3,,,,,,               |                                   | 76  | 5               |

Schedule D (Form 40) 2004

**AL30** 

**FORM** 2210AL

### ALABAMA DEPARTMENT OF REVENUE Estimated Tax Penalties for Individuals SEE SEPARATE INSTRUCTIONS . ATTACH TO FORM 40 OR FORM 40NR

2004

Name(a) as shown on but return

Lew E and Susan R Baxter

I all of the following apply, complete Part I only. If A, B and C apply, but D does not, skip Part I and complete Part II. Under no circumstances will you be subject to both penalties

- A You had income other than wages or salaries in excess of \$3,750.00 for taxpayers filing joint returns, or \$1,875.00 for single taxpayers (including head of family or married filing separately);
- The amount of tax you owe (line 27 of Form 40 or line 25 of Form 40NR) without regard to any payments made with extension exceeds \$100.00; and
- You did not pay in through withholding or estimated tax payments either 100% of your previous year's tax liability or 90% of your current year's tax liability; and
- D You did not make any quarterly estimated tax payments for 2004.

| PX     |   |   |                |    |
|--------|---|---|----------------|----|
| 1<br>2 | Enter your 2004 net tax due after credits (line 20e of Form 40 or line 21 of Form 40NR)   |   | 2,748<br>3,183 | 00 |
| 3      | Enter all Alabama income tax withheld for 2004. If line 3 is greater than or equal to line 2, STOP, you do not owe the penalty.   | 3 | 992            | 00 |
| 4      | Total underpayment for the year. Subtract line 3 from line 1. If zero or less, stop here, you do not owe this penalty   | 4 | 1,756          | 00 |
| 5      | If the amount on line 4 is less than \$500.00, enter \$50.00, if not, multiply the amount on line 4 by 10% (.10) and enter the result here and on line 28 of Form 40 or line 27 of Form 40NR. This is your estimated tax penalty. | 5 | 176            | 00 |

## Paralle Alicence in the California Constitution of the Constitutio Section A — Required Annual Payment. Complete this section if you made estimated tax payments for 2004 and the tax due on your 2004 return exceeded \$100.00.

| 1 | Enter your 2004 net tax due after credits t   | from line 20a of Form 40 or line | 21 of | Form 40NR | 1 |     | 00 |
|---|---|----------------------------------|-------|-----------|---|-----|----|
|   | Multiply line 1 by 90% (.90)  |                                  |       | 00        |   |     |    |
| 3 | Enter the net tax due as shown on your 2 Form 40 or line 21 of Form 40NR)                     | DOS return (line 20a of          | . 8   | 00        | · |     |    |
| 4 | Alabama Income Tax Withheld for 2004. Do not include erry estimated tax payments on this line | 4 0                              | י     |           |   |     |    |
| 5 | Estimated taxes paid for 2004   | 5 0                              | וַנ   |           |   | 100 |    |
| 6 | Add lines 4 and 5. Enter result here  | 6 0                              | 0     |           |   |     |    |
|   | If line 6 is greater than or equal to lines 2<br>DO NOT FILE Form 2210AL.                     |                                  |       |           |   |     |    |
| 7 | Subtract line 4 from line 1. This is your R do not complete or file this form. You do         | 7                                |       | 00        |   |     |    |

Section B — Short Method. If your income varied during the year, you may want to calculate this penalty using the Quarterly Method on page 2 of this form.

| 8  | Required Annual Payment for 2004 (from line 7, Part II above)  | 8  | [  c             | 00 |
|----|--|----|------------------|----|
|    | Estimated taxes paid for 2004 (from line 5, Part II above)   |    |                  |    |
| 10 | Total underpayment for year. Subtract line 9 from line 8. If zero or less, stop here; you do not owe the penalty                                 | 10 | <u> </u>         | 00 |
|    | Multiply line 10 by .06  | 11 |                  | 00 |
| 12 | e if the emount on line 10 was paid on or after 4/15/05, enter -0  |    |                  |    |
|    | <ul> <li>If the amount on line 10 was paid before 4/15/05, make the following computation to find the amount<br/>to enter on line 12.</li> </ul> |    |                  |    |
|    | Amount on Number of days paid line 10 X · before 4/15/05 X .00016  | 12 | 0                | 00 |
| 13 | Penalty, Subtract line 12 from line 11. Enter the result here and on the 28 of Form 40 or line 27 of Form 40NR.                                  | 13 | L                | 00 |
|    |  |    | ALTO E OTION CON | ~  |

ALIA9612L 10/15/04

941 Form 22:10AL (2004)

SCHEDULE C (Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

Revised for Alabama

Partnerships, joint ventures, etc, must file Form 1065 or 1065-B.

Attach to Form 1040 or 1041. See Instructions for Schedule C (Form 1040).

QMB No. 1545-0074 2004 09

Department of the Treasury Internal Revenue Service Nama of proprietor

| Lew  | E Baxter  |                                       |  |                |                         |
|------|---|---------------------------------------|--|----------------|-------------------------|
| Α    | Principal husiness or profession, including y   | product or service (see instructions) |  | B Entercede fi | um instructions         |
|      | Distributor   |                                       |  | ► 424990       | 1                       |
| C    | Business name. If no separate business name   | zma, Jesayra błaróc.                  |  |                | number (EIM), if any    |
| E    | Business address (including suits or room n<br>City, turn or post office, state, and ZP cod |                                       |  |                |                         |
|      |   |                                       | S) Other (specify) >   |                |                         |
|      |   | the operation of this business        | s during 2004? If 'No,' see instructions   |                |                         |
| Н    | If you started or acquired this bus   |                                       | ·a   |                |                         |
|      | Income  |                                       |  |                |                         |
| 1    | Gross receipts or sales, Caution.   | . If this income was reported t       | to you on Form W-2 and the astructions and check here  | ►X 1           | 80,974.                 |
|      |   |                                       | *******************************  |                | 2474721                 |
|      |   |                                       |  |                | 80,974.                 |
|      |   |                                       |  |                | 20,073.                 |
| 7    | Inches need family into JC  |                                       |  | 7              |                         |
| 5    | Gross profit. Subtract line 4 from  | 1 line 3                              |  | 5              | 80,974.                 |
| 6    |   |                                       | credit or refund   | *****          |                         |
| 9    | Anton alabatical institutional in constitution  |                                       |  |                |                         |
| 7    | Gross Income Add lines 5 and 6  |                                       | *************************  | > 7            | 80,974.                 |
| _    |   | enses for business use of you         |  | ( /            | 00,3134                 |
| 8    | Advertising   | 8 167.                                |  | 19             | 1                       |
|      | <u> </u>  | 10/.                                  | 20 Rent or lease (see instructions):   |                |                         |
| 9    | Car and truck expenses  | 9 5,707.                              | <ul> <li>Zu Ment or lease (see instructions):</li> <li>Vehicles, mechinery, and equipment</li> </ul> |                |                         |
| - 40 | (see instructions)  | 10 5, (0/.)                           | 1  |                |                         |
|      | Commissions and fees  | 10                                    | b Other business property 21 Repairs and maintenance   |                | 490.                    |
| 11   | Contract labor  | 1,1                                   |  |                | 321.                    |
| 4.7  | (see instructions)  | 11                                    | —  |                | 321.                    |
|      | Depletion   | 12                                    | 23 Taxes and licenses  |                | <del></del>             |
| 19   | Depreciation and section<br>179 expense deduction   |                                       | 24 Travel, meels, and entertainmen   |                | 1                       |
|      | (not included in Part III)  | 12                                    | a Travel   | 248            | <del></del>             |
|      | (see instructions)  | 13                                    | b Meals and  | 20             |                         |
| 14   | Employee benefit programs   |                                       | entertainment  | 28.            | 1                       |
|      | (other than on line 19)   | 14                                    | c Enter nondeduc-<br>tible amount in-  |                |                         |
|      | insurance (other than health)   | 15 1,753.                             | cluded on line   | 4.4            |                         |
| • •  | interest:   | 4 548                                 | 24b (see instrs)   | 14.            |                         |
|      | Mortgage (paid to banks, etc)   | 16a 4, 648.                           | d Subtract fine 24c from line 24b.   |                | 14.                     |
|      | Other   | 16b                                   | 25 Utilities   |                |                         |
|      | Legal & professional services   | 17                                    | 26 Wages (less employment credits  |                | 84 744                  |
|      | Office expense  |                                       | 27 Other expenses (from line 48 on page 2).  |                | 20,531.                 |
| 28   | Total expenses before expenses  | for business use of home. At          | dd lines 8 through 27 in columns   | ▶ 28           | 33,668.                 |
|      |   |                                       |  |                |                         |
|      | Tentative profit (loss), Subtract II  |                                       |  | 29             | 47,306.                 |
| 30   | Expenses for business use of you  |                                       |  | 30             |                         |
| 31   | Net profit or (loss). Subtract line   | 30 from line 29,                      | -  |                |                         |
|      | • If a profit, enter on Form 1040,  | , line 12, and also on Schedul        | le SE, line 2 (statutory   |                | .=                      |
|      | employees, see instructions). Es  | itates and trusts, enter on For       | m 1041, line 3.  | 31             | 47,306.                 |
|      | • If a loss, you must go to line 3  |                                       |  |                |                         |
| 32   | If you have a loss, check the box   | that describes your investme          | ent in this activity (see instructions).   |                |                         |
|      | • If you checked 32a, enter the f   | loss on Form 1040. line 12. an        | nd also on Schedule SE. line 2   | ٦              | All investment is       |
|      | (statutory employees, see instruc   | ctions). Estates and trusts, er       | iter on Form 1041, line 3.   | 32,a           | at risk.                |
|      |   |                                       |  |                | Some investment         |
|      | <ul> <li>If you checked 32b, you must:</li> </ul>   | attach Form 6198.                     |  |                | is not at risk.         |
| BAA  | For Paperwork Reduction Act N   |                                       | ions.  | Sched          | tule C (Form 1040) 2004 |

FD(20) 12. 05/06/04

|   | Sche      | duie C (Form 1040) 2004 Lew E Baxter  |               | _                |          | Page 2      |
|---|-----------|---|---------------|------------------|----------|-------------|
|   |           | Cost of Goods Sold (see instructions)   |               | - 17>            |          |             |
|   | 33        | Mathod(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach   | ехрівг        | reation)         |          |             |
| N | 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If 'Yes,' attach explanation   | i · · · · i   | [                | Yes      | No          |
|   | 35        | Inventory at beginning of year. If different from last year's closing inventory, attach explanation   | 35            |                  |          |             |
|   | 36        | Purchases less cost of items withdrawn for personal use   | 36            |                  |          |             |
|   | <b>37</b> | Cost of labor. Do not include any amounts paid to yourself  | 37            |                  |          |             |
|   | 38        | Materials and supplies  | 38            |                  |          |             |
|   | 39        | Other costs,  | 39            |                  |          |             |
|   | 40        | Add lines 35 through 39   | 40            |                  |          |             |
|   | 41        | Inventory at end of year  | 41            |                  |          |             |
|   | 42        | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  | 42            |                  |          |             |
|   |           | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file   |               | ne 9 an<br>4562. | d are no | ot          |
|   |           | When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle business  b Commuting  c Other  Do you (or your spouse) have another vehicle available for personal use? |               |                  | Yes      | ∏No         |
|   | <br>V.e.  | Was your vehicle available for personal use during off-duty hours?  |               |                  |          | □ No        |
| ě |           |   |               | _                |          |             |
|   | 471       | Do you have evidence to support your deduction?   | • • • • • •   | ····· [          | _]Yes    | _<br>□w₀    |
|   |           | If 'Yes,' is the evidence written?  | • • • • • •   |                  | Yes      | No          |
|   |           | Other Expenses. List below business expenses not included on lines 8-25 or line 30.   |               |                  |          |             |
|   | See       | Statement 1   |               |                  |          |             |
|   |           |   |               |                  |          |             |
|   |           |   |               |                  |          |             |
|   |           |   |               |                  |          |             |
|   |           |   |               |                  |          |             |
|   |           |   |               |                  | _        |             |
|   |           |   |               |                  |          |             |
|   |           |   |               | -                |          |             |
|   | <u></u> . |   |               |                  |          |             |
|   | _         |   | T             |                  |          |             |
|   | 48        | Total other expenses. Enter here and on page 1, line 27   | . 48<br>Sched | hda C 4          |          | <u>531.</u> |
|   |           |   | 20100         | ma ⊁ (           | OHID TO  | ~~, ~~~     |

FD02D112L 05/06/04

# 2004 Alabama Statements Page 1 Cllent 200316 Lew E and Susan R Baxter 3/22/08 04:26PM Statement 1 - Distributor Schedule C, Part V Other Expenses 490. Administration......\$ 2,857. 5,540, 7,301. Amortization..... Casual Labor. Equipment Rental. Other Operating Expenses PBS Shrink Charge Relief Driver 950. 427. 444. 80B. 440. Uniforms... Warehouse Rent/Utilities Total \$

## **BAXTER DEFENDANT'S EXHIBIT 32**

2005 Individual Return prepared for:

Lew E and Susan R Baxter

Frank V. Jones, CPA



### FRANK V. JONES, CPA

March 22, 2008

Lew E and Susan R Baxter

Dear Lew & Susy,

Enclosed is your 2005 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$4,552.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before April 17, 2006 to:

INTERNAL REVENUE SERVICE P.O. BOX 105017 ATLANTA, GA 30348-5017

Please be sure to call if you have any questions.

Sincerely,

Frank V. Jones

|                                 | Department of the Treasury — Internal Revenue Service  |   |   |
|---------------------------------|--|---|---|
| orm 1040                        | U.S. Individual Income Tax Return 2005   | (99) IRS Use Only — Do not write  | er staple in this space.                              |
|                                 | For the year Jan 1 - Dec 31, 2005, or other tax year beginning , 2005, ending  | , <u>20</u> ow  | (B Ns. 1545-0074                                      |
| abel                            | Your first name Mi Last name   | 1   |   |
| 🖦 (ŋstruckons.)                 | Lew E Baxter   | i   |   |
| e the                           | If a joint return, spouse's first mores Mt. Last mame  | -   | r   |
| S label.                        | Susan R_Baxter   |   | _   |
| herwise,                        | P.O. box, sae instructions.  |   | must enter your                                       |
| ease print<br>type.             |  | A Intil   | ocial security<br>mber(s) above.                      |
| 1                               | City, term or processing the same as a second secon | ZIP code  | a hox below will not                                  |
| residential                     | Deatsville, AL 36022   | change you  | ur tax or refund.                                     |
| lection <sup>E</sup><br>ampaign | Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions).  | You   | Spouse  |
| 412                             | 1 Single 4 Head of   | household (with qualifying pe   | rson). (See   |
| iling Status                    | 2 X Harried filing jaintly (even if only one had income) Instruction but that  | household (with qualifying pe<br>ons.) If the qualifying person i<br>your dependent, enter this chi | is a child  |
|                                 | 3 Married filing separately. Enter spouse's SSN above & full name h  | era.  | iu s  |
| heck <b>only</b><br>ne box.     |  | widow(er) with dependent child (see   | lastructions)   |
| -                               | (AT)   |   | gas checked<br>to and 6b                              |
| xemptions                       | 6a X Yourself. If someone can claim you as a dependent, do not check b X Spouse  |   | da med 6b, .<br>. of children                         |
|                                 | (2) Dependent's (3) D  | energiant's (4)   | C: who:   |
|                                 | c Departments:   social security   rel   | lationship qualiting  | ilsad<br>Shyon,                                       |
|                                 |  | to you but credit w   | did not   |
|                                 | (1) First name Last name   | X 60  | e with you<br>to diversa<br>separation<br>se (rains), |
|                                 |  |   | eeparatos<br>ee (matra),                              |
|                                 |  | De De   | bendahin  |
| more than<br>ur dependents,     |  |   | de not<br>tered shows.                                |
| instructions.                   |  |   | d anmbers   |
|                                 | d Total number of exemptions claimed   | <u>.</u>  | 000   |
|                                 | 7 Wages, salaries, tips, etc. Attach Form(s) W-2   |   | 27, 29  |
| icome                           | Ba Taxable interest, Attach Schedule B If required   | ga gang   |   |
|                                 | b Tex-exempt interest. Do not include on line 8a   |   |   |
| ttach Form(s)                   | 9 o Ordinary dividends, Attach Schedule B If required  | 9a  |   |
| -2 here. Also<br>tach Forms     | b Camifed day (see instra).  10 Taxabis refunds, credits, or offsets of state and local income taxes (see instructions)  | 10  |   |
| -2G and 1099-R                  | 10 Spanie retunds, credita, or oriseta of state and local income was (see insuredums)  | 11  |   |
| tax was withheld.               | 12 Business Income or (loss). Attach Schedule C or C-EZ  | 12  | 42,61   |
| you did not                     | 13 Capital gain or (loss). Att Sch D if raud. if not read, ck have,  | ▶ 18  |   |
| et a W-2,<br>ee instructions.   | 14 Other gains or (losses). Attach Form 4797   | 14  |   |
| e trade manufacture.            | 15 a IRA distributions 15 a b Taxable 8  | mount (see instrs) 15b  |   |
| Rollover                        | 16a Pensions and annuities 16a b Texable a   | mount (see Instra) 16b  |   |
|                                 | 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc.   | Attach Schedule E 17  |   |
| iclose, but do                  | 16 Farm Income or (loss). Attach Schedule F  |   |   |
| ot attach, any<br>syment. Also, | 19 Unemployment compensation   |   |   |
| BASTO MISO                      | 20 a Social security benefits 20 a b Texable a   |   | 95  |
| 200 1040-V.                     | 21 Other income Huntingdon College   | 21 22 22 22 22 22 22 22 22 22 22 22 22 2  | 70,85   |
|                                 | 22 Add the amounts in the far right column for lines 7 through 21. This is   | your total income, - 22   | 10,65   |
| djusted                         | 23 Educator expenses (see Instructions). 23 24 Certain business expenses of reservists, performing artists, and fee-basis  |   |   |
| iross                           | povernment oricials. Attach form 2105 of 2105-62   |   |   |
| come                            | 25 Health savings account deduction. Attach Form 8989 25   |   |   |
|                                 | 26 Moving expenses. Attach Form 3903   |   |   |
|                                 | 27 One-half of self-employment text. Attach Schedule SE 27   | 67.   |   |
|                                 | 28 Self-employed SEP, SIMPLE, and qualified plans 28   |   |   |
|                                 | 29 Self-employed health insurance deduction (see instructions)   | 588.  |   |
|                                 | 30 Penalty on early withdrawal of savings  |   |   |
|                                 | 31 a Alimony paid b Recipient's SSN  |   |   |
|                                 | 32 IRA deduction (see instructions)  |   |   |
|                                 | 33 Student loan interest deduction (see instructions) 33   |   |   |
|                                 | 34 Tuition and fees deduction (see instructions)   |   |   |
|                                 |  | Line year   |   |
|                                 | 35 Domestic production activities deduction. Attach Form \$903   |   | CE  |
|                                 | Domestic production activities deduction. Attach Form #903   | 選託<br>36<br>  | 65<br>70,19   |

|   | Form 1040 (2005)                               | Lε             | w E and                     | d Susa                               | n R Baxte                               | r                         |                              |                |                  |                |                | Page 2  |
|---|--|----------------|-----------------------------|--------------------------------------|---|---------------------------|------------------------------|----------------|------------------|----------------|----------------|---|
| • | Tax and  |                |                             |                                      |   | ss i⊓come)                |                              |                |                  |                | 38             | 70,190.                                       |
|   | Credits  | <b>39</b> a    | Check _                     |                                      |   | re Jenuary 2, 1           |                              |                | Total boxes      |                |                |   |
|   |  |                | H: _                        |                                      |   | efore January 2           |                              |                | checked >        | 39•            |                |   |
| D | Standard<br>Deduction                          | ь              | If your spo                 | ouse item                            | zes on a sepa                           | rate return, or ;<br>here | Aon mese s                   | a dual-stat    | lus 🕨            |                |                |   |
| 7 | for —  | 40             | itembred de                 | insugeno<br>Inellem (in              | nos Companies Al es                     | your standard des         | heritan (um l                | idi membi      | *********        |                | 40             | 13,684.                                       |
|   | <ul> <li>People who checked any box</li> </ul> | 41             |                             |                                      |   |                           |                              |                |                  |                | 41             | 56,514.                                       |
|   | on line 39a or                                 | 42             | If line 39 le s             | mor \$100 A7                         | 5 or you provided                       | housing In a necess       | displayed h                  | w Warrismane I | Katrina tee      |                |                |   |
|   | 39b or who can<br>be claimed as a              | -              | instructions.               | Otherwise, I                         | multiply \$3,200 by                     | the total number of       | exemptions                   | dained on l    | Ine 6d           | <i></i>        | 42             | 9,600.  |
|   | dependent, see                                 | 43             | Taxable into                | a <b>ma.</b> Subtra<br>mora than tir | ct line 42 from lin                     | 6 41.<br><u></u>          |                              |                |                  |                | 43             | 46,914.                                       |
| - | Instructions.                                  | 44             | Tax (see ins                | hos). Check i                        | f any lands from:                       | ■ Form(s) 581             | 4 b   Fo                     | m 4972         |                  |                |                | 6,309.  |
|   | All others:                                    | 45             | Alternativ                  | a minimu                             | m tay (see ins                          | tructions). Attac         | h Form 6                     | <b>5</b> 1     |                  |                | 45             | 0.  |
|   | Single or Married                              | 46             | Add lines                   | 44 and 45                            | , — , , , , , , , , , , , , , , , , , , | ,,,,,,,                   |                              |                |                  | ▶              | 46             | 6,309.  |
|   | filing separately,                             | 47             | Footlon to                  | or credit.                           | Attach Form 1                           | 116 if required .         |                              | . 47           |                  | - 1            | 12. T          |   |
|   | \$5,000  | 48             |                             |                                      |   | es, Altach Form 24        |                              |                |                  | 72.            |                |   |
|   | Married filing                                 | 49             |                             |                                      |   | led. Attach Sch           |                              |                |                  |                |                |   |
|   | jointly or<br>Qualifying                       | 50             |                             |                                      | •                                       | 963                       |                              |                | -                |                |                |   |
|   | widow(er),                                     | 51             |                             |                                      |   | credit. Attach F          |                              |                |                  |                | <u>.</u>       |   |
|   | \$10,000                                       | 52             |                             |                                      |   | Form 8901 if require      |                              |                |                  | 1,000.         |                |   |
|   | Head of  | 53             | Adaption                    | om dit 44                            | rections, recent                        | 9                         | A                            | 53             |                  | <u> </u>       | 14.1           |   |
|   | household,                                     | 54             | Credite from                |                                      | m 1796 h                                | Form 8859                 |                              | 54             | -                |                |                |   |
|   | \$7,300  | 55             |                             |                                      |   | ox(es): a                 |                              | 2130           |                  |                | 1.00           |   |
|   |  |                | b Form                      | c Fo                                 | (H)                                     |                           |                              | 55             | ,                |                |                |   |
|   |  | 56             | Add lines                   | 47 throug                            | h 55. These a                           | re your total cr          | odita                        |                |                  |                | 56             | 1,072.  |
|   |  | 57             | Subtract I                  | ine 55 tro                           | m line 46. If Ili                       | ne 56 ls more t           | nan line 46                  | i, enter -0    |                  | ▶              | 57             | 5,237.  |
|   |  | 58             | Self-employ                 | ment lac. Al                         | tach Schedule SE.                       |                           |                              |                |                  |                | 58             | 134.  |
|   | Other  | 59             |                             |                                      |   | come not reported t       |                              |                |                  |                | 59             |   |
|   | Taxes  | 60             | Additional la               | ex on IRAs, i                        | ther qualified reti                     | rement plans, etc. /      | Attach Form!                 | 1329 if requir | red              |                |                |   |
|   |  | 61             | Advance                     | earned in                            | coma credit pi                          | syments from F            | orm(s) W                     | 2              |                  |                | 61             |   |
|   |  | 62             | Househol                    | q subjesi                            | nent bases. Al                          | tach Schedule             | н                            |                | •••••            |                | 62             | F 594   |
|   |  | 63             | Add lines 57                | -62. This is                         | your total tax                          |                           |                              |                | <del> </del>     | 990.           | 63             | 5,371.  |
| ۱ | Payments                                       | 64             |                             |                                      |   | Forms W-2 an              |                              |                |                  | 330.           | (A)            |   |
| 7 | If you have a                                  | 65             | ZUS ESUMA                   | teen max payo                        | HENS ING BITIOUR                        | applied from 2004         | return                       | 66             |                  | _              |                |   |
|   | qualifying child, attach                       |                |                             |                                      | election                                |                           | ******                       |                |                  | _              | 8              |   |
|   | Schedule EIC.                                  | <b>எ</b>       |                             |                                      |   | withheld (see instr       | uctions)                     | 67             | 1                |                |                |   |
|   |  | 68             |                             |                                      |   | Form 8812                 |                              |                |                  |                | 3              |   |
|   |  | 69             | Amount nak                  | d with reque                         | st for extension to                     | file (see instructio      | ns)                          | 69             |                  |                |                | •   |
|   |  | 70             | Payments fr                 | nm: a                                | Form 2439 h                             | Form 4136 c               | Form 8                       | 885 70         |                  |                | <b>48</b>      |   |
|   | 1.5  | 71             | Add lines 64<br>These are y | i, 65, 66a, ai<br>our botal pay      | nd 6/ through /C.                       |                           | ,,,,,,,,,                    |                |                  | <b>&gt;</b>    |                | 990.  |
|   | Refund   | 72             | If line 71 is               | more than I                          | ine 63, subtract lit                    | ne 63 from line 71,       | This is the ar               | nount you or   | rerpald          |                | 72             |   |
|   | Direct deposit?                                | 73             | a Amount o                  | I line 72                            | you wa <u>nt refut</u>                  | nded to you               |                              |                |                  | ▶              | 73.            |   |
|   | See instructions                               | ▶              | b Routing r                 | rumber                               |   |                           | <b>⊳ с</b> Туре              | : Ch           | ecking           | Savings        |                |   |
|   | and 1111 in /3b,<br>73c, and 73d.              |                | d Account i                 |                                      |   |                           |                              |                |                  |                |                |   |
|   |  | 74             |                             |                                      |   | ur 2006 estimated         |                              |                | <u> </u>         |                | 開發             | 4 550   |
|   | Amount   | 75             |                             |                                      |   | ine 63. For details (     |                              | , see instruc  | tions            |                | 75             | 4,552.  |
|   | You Owe  |                |                             |                                      |   | ictions)                  |                              | <u>76</u>      |                  | 171.           | Charles to the |   |
|   | Third Party                                    |                |                             | anogar b                             | erson to discuss t                      | his relum with the        | RS (see instr                |                | X                |                |                | the fallowing. No                             |
|   | Designee                                       | name           |                             | epare:                               |   |                           |                              | Phone ►        |                  |                | number         |   |
|   | Sign   | Unde           | r penalties of              | perjuny, I de                        | ture that I have as                     | austral this return a     | nd accompar<br>har Poin fort | rying echedul  | es and statemen  | ts, and to the | best of        | my knowledge and<br>has any knowledge.        |
|   | Here   |                | ur signatura                | i, 0011424 21                        |   |                           | Deta                         |                | occupation       |                |                | time phone number                             |
|   | Joint return?                                  | · 🕨            |                             |                                      |   |                           | <b>-</b>                     | I              | tributor         |                |                | •   |
|   | See Instructions.                              | Ro             | or trois signal.            | re. Markeint                         | ratum, both must                        | sion.                     | Data                         |                | se's occupation  | ·              | 1000           | 65-16-18-18-18-18-18-18-18-18-18-18-18-18-18- |
|   | Keep a copy<br>for your records.               | •              |                             | _ = = pull                           |   |                           |                              |                | cutive A         | ssista         | n              |   |
|   | ) + 10 + 10 +                                  | · · ·          |                             |                                      |   | _                         | Dizia                        | 2004           |                  |                |                |   |
|   | - 11   | Propo          | arer's                      |                                      |   |                           |                              |                | Check if self-en | nployed X      | ]              |   |
|   | Pald<br>Bronaver's                             |                |                             | rank                                 | V. Jones,                               | CPA                       |                              |                |                  |                | ****           |   |
|   | Preparer's<br>Use Only                         | (or y          | outs if                     |                                      |   |                           | _                            | •              |                  | EIN            |                |   |
|   | Gov Cilly                                      | addre<br>ZIP d | 944 D                       |                                      |   |                           |                              |                |                  | Phone n        | o. {3          | 34) 749-8306                                  |
|   | ·  | ا الب          | ~~26                        |                                      |   |                           |                              |                |                  |                | , ,            | Form 1040 (2005)                              |

FD(A0112L 11/07/05

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

2005

Department of the Travelly Internal Revenue Service

► See separate instructions.
► Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Altachment, no

Mame(s) shawn on pax resum

| Lew E an                   | d Susan R Baxter  Do You Have To I   | File For  | m 2210?   |   |   |  |
|----------------------------|--|---|---|---|---|--|
| Complete U                 | nes 1 through 7 below. Is line 7 less than \$1,000?  | Yes   | Do not file Fo  | rm 2210. You  | do not ow   | o a penalty.   |
|                            | Ų No   |   |   |   |   |  |
| Complete li                | nes 8 and 9 below. Is line 6 equal to or more than line 9?   | Yes   | if box E below  | we a penalty. I<br>v applies, you i   | o not file<br>nust file   | Form 2210 (but<br>page 1 of Form   |
|                            | No   |   | 2210 below).  |   |   |  |
| You may ox                 | we a penalty. Does any box in Part II below apply?   | Yes   | You must file   | Form 2210, D  | oes box l   | 9, C, or D apply?  |
| <del>.</del>               | No   |   |   |   |   |  |
|                            |  |   | No  | Yes   | You must  | t figure your penalty.   |
| amount. If y               | Form 2210. You are not required to figure your penalty a IRS will figure it and send you a bill for any unpaid you want to figure it, you may use Part III or Part IV as a and enter your penalty amount on your tax return, but do m 2210.  |   | You are not IRS will figure<br>amount. If yo<br>Part IV as a<br>on your tax r | required to figure it and send you want to figure worksheet and eturn, but file o | re your p<br>ou a bill i<br>e it, you i<br>enter you<br>only page | penalty because the for any unpaid may use Part III or ur penalty amount 1 of Form 2210. |
|                            | Required Annual Payment (see instructions)   |   |   |   |   |  |
| 1 Enter v                  | our 2005 tax after credits from Form 1040, line 57 (or compar  | reble line of                                   | vour return)  |   | . 1   | 5,237.   |
| 2 Other b                  | exas, including self-employment tex (see instructions)   |   |   |   | . 2   | 134.   |
|                            | able credits. Enter the total of your earned income credit, ad   |   |   |   |   |  |
| a retunci                  | tax paid on fuels, and health coverage tax credit for eligible i   | individuals.                                    |   |   | . 3   | <u>D.</u>  |
| 4 Current                  | year tax. Combine lines 1, 2, and 3. If less than \$1,000, see   | instruction                                     | s.,   |   | . 4   | 5,371.   |
| 5 Multiply                 | lins 4 by 90% (.90)  |   | . 5   | 4,834   |   |  |
| 6 Withhol                  | ding taxes. Do not include estimated tax payments. See inst  | ructions  |   |   | . 6   | 990.   |
| 7 Subtrac                  | t line 6 from line 4. If tess than \$1,000, you do not owe a per   | naity; do no                                    | ıl file Form 2210   | J   | . 7   | 4,381.   |
| 8 Maximu                   | rn required annual payment based on prior year's tax (see it   | rstructions).                                   |   |   | - 8   | 11,056.  |
| •                          | ed annual payment. Enter the smaller of line 5 or line 8   |   |   | · · · · · · · · · · · · · · · · · · ·   | . 9   | 4,834  |
|                            | s line 9 more than line 6?   |   |   |   |   |  |
| _                          | . You do not owe a penalty. Do not file Form 2210 unless box   |   |   |   |   |  |
| # [:<br>• ]:<br>and<br>you | a. You may owe a penalty, but do not file form 2210 unless of box B, C, or D applies, you must figure your penalty and file forly box A or E (or both) applies, file only page 1 of Form 2 is send you a bill for any unpaid amount. If you want to figure ir penalty on your tax return, but file only page 1 of Form 221 | 3 Form 2210<br>2210, You a<br>your penal<br>10, | re <b>not</b> required<br>ty, <b>you</b> may use                              | to figure your<br>Part III or IV  | penaity; t<br>as a work   | the IRS will figure it<br>sheet and enter  |
| Part II                    | Reasons for Filing. Check applicable boxes. If   | none ap   | ply, <b>do not i</b>  | ile Form 22   | 10.   |  |
| A You                      | u request a <b>waiver</b> (see instructions) of your entire penalty. Y<br>wired to figure your penalty.  | ou must ch                                      | eck this box en   | d file page 1 o   | Form 22   | 210, but you are not   |
| B You                      | u request a waiver (see instructions) of part of your penalty.   | You must fi                                     | gure your pena  | ily and waiver  | emount a  | and file Form 2210,  |
| C You                      | ur income varied during the year and your penalty is reduced<br>thed, You must figure the penalty using Schedule Al and file   | l or eliminat<br>Form 2210                      | ed when figure  | d using the an  | rusiized i  | income installment   |
| D You with                 | ur penalty <b>is</b> lower <b>when figured by t</b> reating <b>the</b> federa <b>i incom</b><br>nheld, instead <b>of in equal amounts on</b> the payment due <b>date</b> s   | ne tax within<br>s. You mus                     | <b>eld from</b> your w<br>t <b>figure</b> your per                            | /ages as paid onally and file F   | on the date   | tes it was actually<br>).  |
| III mu                     | u filed <b>or</b> are filing a joint return <b>for either</b> 2004 or 2005, but <b>r</b><br>st file page 1 of Form 2210, but you are not required to figur   | not for both<br>e your pena                     | years, and line<br>alty (unless box   | 8 above is sm<br>B, C, or D app   | aller <b>tha</b> n<br>lies).                                      | line 5 above. You  |
| BAA For Pa                 | perwork Reduction Act Notice, see separate instructions.   | -   |   |   |   | Form 2210 (2005  |

| orm 2210 (2005) |         |      | Susan  | <u>R 1</u> | Baxter   |
|-----------------|---------|------|--------|------------|----------|
| Billing Sho     | ort Met | thod |        |            |          |
|                 |         | Y    | ou may | use        | the sho  |
|                 |         | •    | You m  | ade        | no estir |

Page 2

rt method if:

- mated tax payments (or your only payments were withheld federal income tax), or You paid estimated tax in equal amounts on your due dates.

TIP: You do not need to file Form 2210 unless you checked a box in Part II on page 1.

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late, You checked box C or D in Part II, or You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

|          | tne payment was only a tew days early, the difference is likely to  | pe sma. | II               |
|----------|---|---------|------------------|
| 10       | Enter the amount from Form 2210, line 9   | 10      | 4,834.           |
| 11       | Enter the amount, if any, from Form 2210, line 6  |         |                  |
| 12       | Enter the total amount, if any, of estimated tax payments you made  |         |                  |
|          |   |         |                  |
| 13       | Add lines 11 and 12   | 13      | 990.             |
| 14       | Total unriemayment for year Subtract line 13 from line 10. If zero or less, stop here: you do not owe   |         |                  |
| '-7      | Total underpayment for year, Subtract line 13 from line 10. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box E on page 1        | 14      | 3,844.           |
| 15<br>16 | Multiply line 14 by .04457 (use the factor shown in the instructions if you are eligible for hurricane relief)  • If the amount on line 14 was paid on or after 4/15/05, enter -0   | 15      | 171.             |
|          | <ul> <li>If the amount on line 14 was paid before 4/15/05, make the following computation to find the amount<br/>to enter on line 16.</li> </ul>                                    |         |                  |
| ١        | Amount on Number of days paid % ,00019 Number of days paid  | 16      | 0.               |
| 17       | Penalty. Subtract line 16 from line 15. Enter the result here and on Form 1040, line 76; Form 1040A, line 48; Form 1040NR, line 74; Form 1040NR-EZ, line 26; or Form 1041, line 26. | 17      | 171.             |
|          |   |         | Form 2210 (2005) |

FDI20013L (22/00L/06

| SCHEDULE                                     | Α             |              | Itemized Deductions   | $\vdash$ | OMB No. 1545-0074  |
|--|---------------|--------------|---|----------|--------------------|
| (Form 1040)                                  |               |              | V   | 1        | 2005               |
| Department of the Tr<br>Internal Revenue Ser | essur<br>vice | y (99)       | <ul> <li>Attach to Form 1040.</li> <li>See Instructions for Schedule A (Form 1040).</li> </ul>  | 1        | Attentional No. 07 |
| Name(s) shown on F                           |               |              |   |          |                    |
| Lew E and                                    | Su            | san .        | R Baxter  |          | _                  |
| Medical<br>and                               |               |              | on, Do not include expenses reimbursed or paid by others.   | 4        |                    |
| Dental                                       | 1             | Madka        | and dental expenses (see instructions)  |          |                    |
| Expenses                                     | 3             | Mullin       | mount from Form 1040, line 38 2   |          |                    |
|  | 4             | Subtr        | act line 3 from line 1, if line 3 is more than line 1, enter -0   | 4        | 0.                 |
|  | 5             |              | and local (check only one box):   |          |                    |
| Texas You                                    |               |              | Income taxes, or  |          |                    |
| Pald   | 6             |              | astata texas (see instructions)   |          |                    |
| (See   | 7             |              | nal property taxes  |          |                    |
| instructions.)                               | 8             | Other        | taxes. List type and amount ▶   |          |                    |
|  | 9             | Add I        | nes 5 through 8   | 9        | 3,024.             |
| Interest                                     | 10            | Home         | no interest and points mounted to you so Form 1088 See. St. 11 10 9.553.  |          |                    |
| You Paid                                     | 11            | Home of      | nortgage loterest not reported to you on Form 1938. If paid to the person from you bought the home, see instructions and show that person's name, |          |                    |
|  |               | identif      | ing number, and address   | <b>4</b> |                    |
| (See<br>Instructions.)                       |               |              |   | 1        |                    |
| # 150 GC0015.)                               |               |              |   |          |                    |
| Note.  |               |              |   |          |                    |
| Personal                                     |               |              | net reported to you on Form 1098. See Instra for spc1 rules   |          |                    |
| interest is<br>not                           | 13            |              | tment interest. Attach Form 4952 if required.   |          |                    |
| deductible.                                  | 14            |              | strs.)  | 14       | 9,553.             |
| Gifts to                                     |               |              | gifts by cash or check. If you made any glift of \$250 or   | 1200     |                    |
| Charity                                      |               | more         | see instrs See, Statement 2 15a 607.  |          |                    |
|  | 1             | d elfta b    | cash or chuck after August 27, 2005,<br>u elect to treat as qualified   |          |                    |
| a gift and                                   |               | contril      | utions (see instructions)   |          |                    |
| got a <b>benefit</b><br>for it, see          | 16            | Other        | than by cash or check. If any gift of \$250 or<br>see instructions. You must attach Form 8283 if  |          |                    |
| instructions.                                |               | OVE          | 500See.Statement.3 16 [500.   |          |                    |
|  | 17            | Carry        | over from prior year  | 18       | 1,107.             |
| Casualty and                                 | 14            |              |   |          |                    |
| Theft Losses                                 | 19            |              | alty or theft loss(es), Attach Form 4684. (See Instructions.)   | 19       | <u> </u>           |
| Job Expenses<br>and Certain                  | 20            | Unrei        | mbursed employee expenses - job travel, union dues, ducation, etc. Attach Form 2106 or 2106-EZ If   | 瓣        |                    |
| Miscellaneous<br>Deductions                  |               |              | ed. (See Instructions.) >   |          |                    |
| peddellous                                   |               |              |   |          |                    |
|  |               | <del>-</del> | 20  |          |                    |
| -  | 21            |              | reparation fees. 21 expenses – investment, safe deposit box, etc. List  |          |                    |
| (See<br>Instructions.)                       |               |              | and amount  |          |                    |
| •  |               |              | 72  |          |                    |
|  | 29            | Add          | Ines 20 through 22  |          |                    |
|  | 24<br>25      |              | mount from Form 1040, line 38   |          |                    |
|  | 26            |              | act line 25 from Jine 25. If line 25 is more than line 23, enter -0   | 26       | 0.                 |
| Other  | 27            | Othe         | - from list in the instructions. List type and amount >   |          |                    |
| Miscellaneous<br>Deductions                  |               |              |   |          | ,                  |
| Total  | 28            | Is Fo        | rm 1040, line 38, <b>over</b> \$145,950 (over \$72,975 if MFS)?   | 27       |                    |
| Itemized                                     |               | _            | _   |          |                    |
| Deductions                                   |               | XN           | o. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27, Also, enter this amount on Form 1940, line 40.  | 90       | 13,684.            |
|  |               | П            | es. Your deduction may be limited. See instructions for the amount to enter.  | 28       | 13,004.            |
| V.   | 29            |              | elect to flembre deductions even though they are less than your standard deduction, check here >  |          |                    |
| 9  |               |              |   |          | <del></del>        |

|  | Schedule B — Interest and Ordinary Dividends  |         |       | Attachment  |      |
|--|---|---------|-------|-------------|------|
|  |   |         |       | Sequence No |      |
| Part I<br>Interest   | 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used<br>the property as a personal residence, see the instructions and list this interest first. Also,<br>show that buyer's social security number and address.    | ٠.      | ŀ     | Ame         | ount |
| See instructions<br>or Form 1040,  |   |         | ļ     |             |      |
| ne 8a.)  |   |         | ŀ     |             |      |
|  |   |         | ţ     | ·           |      |
| ots, if you scalved a Form 1999-BIT, Form 1999-OID, or substitute statement on a brokenage mr, list the firm's arms as the payor rid enter the total desert about 1999-1999.   |   |         | ,     |             |      |
| 099-OID, or<br>ubstitute statement   |   | 1       | ``[   |             |      |
| suie iz gie bistoi<br>Lui' lief gie guu,e<br>Dui 3 molmista  |   |         | ŀ     |             |      |
| rid enter the total<br>visitest shown on<br>nat form.  |   |         | ŀ     | -           | _    |
|  |   | ]       |       |             |      |
|  |   |         | - }   |             |      |
|  |   |         |       |             |      |
|  | 2 Add the emounts on line 1   |         | 2     |             |      |
|  | 3 Excludable Interest on series EE and I U.S. savings bonds issued after 1989.<br>Attach Form 8315.   |         | 3     |             |      |
|  | 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, tine 8a  |         | 4     |             |      |
|  | Note. If line 4 is over \$1,500, you must complete Part III.  |         |       | Am          | ount |
|  | 5 List name of payer  |         | ŀ     |             |      |
| Part II  |   |         | ŀ     |             |      |
| Ordinary<br>Dividends  |   |         | ŀ     |             |      |
| ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (  |   | 1       | 1     |             |      |
| Sea  |   | ]       | ľ     |             |      |
| nstructions for<br>com 1040,   |   |         |       |             |      |
| ine 9a.)   |   |         |       |             |      |
| •  |   |         | - 1   |             |      |
|  |   | ]       | - 1   |             |      |
| lots. If you accived a Form (039-151V or ubstitute statement you is brotarage inn, feet for limits and or limits a |   | ]       | 5     |             |      |
| npappipe spressur.<br>(233-DIA of  |   |         |       |             |      |
| ion, list the lim's  |   |         |       |             |      |
| ing outpet gim<br>mine are aim bolom.  |   |         |       |             |      |
| hown on that form.   |   |         | - 1   |             |      |
|  |   |         | - 1   |             |      |
|  |   |         |       |             |      |
|  |   |         | - 1   |             |      |
|  |   |         | - 1   |             |      |
|  |   |         |       |             |      |
|  |   |         | _     |             |      |
|  | 6 Add the amounts on the 5, Enter the total here and on Form 1040, the 9a   |         | 6     |             |      |
| Part III   | You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a fi  | ; or (b | ) hai | j e         | Yes  |
| Foreign  |   |         |       |             | 200  |
| Accounts<br>and<br>Trusts  | 7a At any time during 2005, did you have an interest in or a signature or other authority over in a foreign country, such as a bank account, securities account, or other tinancial account for exceptions and filling requirements for Form TD F 90-22.1 | nt? Se  | e in: | enotiona    |      |
| Ses  | b If 'Yes,' enter the name of the foreign country.  |         |       |             |      |
| nstructions.)  | 8 During 2005, did you receive a distribution from, or were you the granter of, or transferor   |         |       |             | 1000 |

SCHEDULE C (Form 1040)

### Profit or Loss From Business (Sole Proprietorship)

t ventures, etc. must file Form 1065 or 1065-B.

2005 Altachment Sections No. 09

CMB No. 1545-0074

| Departo | nent of the Treasury<br>Revenue Borvice (99)                                 | ► Pa<br>► Attach to i | rtnerships, joint venture<br>Form 1040 or 1041.   ► | s, et<br>See | c, must file <b>Form 1965 or</b> 1965-B,<br>instructions for <b>Schedule</b> C (Form | 1040).   |           | Attachment<br>Sequence No. 09 |
|---------|--|-----------------------|---|--------------|--|----------|-----------|-------------------------------|
|         | f proprietor   |                       |   |              |  | }        |           | m)                            |
| Lew     | E Baxter   |                       |   |              |  | T        |           | 1                             |
|         | Principal business or profession, in   | icluding product      | or service (see Instructions)                       |              |  | B Enter  | code fro  | m (matroctions                |
|         | Distributor  |                       |   |              |  | ► 42·    | 4990      |                               |
| С       | Business rame. If no separate bus  | iness namo, los       | ve blank.   |              |  | D Empl   | oyer ID w | imber (EIK), if any           |
|         |  |                       |   |              |  |          |           | •                             |
| E       | Business address (including suite o<br>City, town or post office, state, and | r room no.)           |   |              |  |          |           |                               |
|         | City, town or post office, state, and  | 1 ZP code             |   |              |  |          |           |                               |
| F       | Accounting method: (1)   | X Cash                | (2) Accrual (3                                      | )            | Other (specify) >  |          |           |                               |
|         |  |                       |   |              | ng 2005? If 'No,' see instructions f   |          |           |                               |
|         |  | this business         | during 2005, check her                              | ê.,,         | *****  |          |           | .,,,,                         |
| Part    | Income   |                       | <del></del>   |              |  |          |           |                               |
| 1       | Gross receipts or sales. C   | aution, if this       | s income was reported t                             | o you        | I on Form W-2 and the<br>tions and check here  | 니        | 1         | 93,289.                       |
|         |  |                       |   |              | SHOPS and Crisca field   |          | 2         | 33,203.                       |
|         |  |                       |   |              |  |          | 9         | 93,289.                       |
|         |  |                       |   |              |  |          | 4         | 30,2001                       |
| 4       | Cost or Boogs east from I  | אל ווט אב טוו טופ     | Ao et   | • • • • •    |  | ,,,,,,,, |           |                               |
| E       | Currentelli Quibbook line  | 4 from fine           | 9   |              |  |          | 9         | 93,289.                       |
| 5       | Other became bestuden E.   | oderal and -          | tate ascoline or first tou                          | ered<br>Open | It or refund   |          | 6         |                               |
| 6       | Caret theorem, areaning re   | 0 주최 (대 () ICI ()     | ми дозуны от илет <b>п</b> у                        | 6U           |  |          |           |                               |
| 7       | Comer Income Add fines F   | 5 and 6               |   |              | <u></u>  |          | 7         | 93,289.                       |
|         |  |                       | for business use of you                             |              |  | ,,       |           |                               |
| 2000    | Advertising.   |                       | lor busilees as of Ju                               |              | Office expense   |          | 18        | 79.                           |
| _       |  |                       |   |              | Pension and profit-sharing plans   |          | 19        |                               |
| 9       | Car and truck expenses (see instructions)                                    | 9                     | 7,648.  |              | Rent or lease (see instructions):  |          |           |                               |
| 10      | Commissions and face   |                       | 7,0101  | 4            | Vehicles, machinery, and equipm  | ient     | 20 a      |                               |
| ) (IV   | Commissions and description  |                       |   |              | Other business property  |          | 20 ь      |                               |
| [11]    | Contract labor (see instructions)  | 11                    |   |              | Repairs and maintenance  |          | 21        | 2,410.                        |
| 12      | Deplation  |                       |   | 22           | · · · · · · · · · · · · · · · · · · ·  |          | 22        | 786.                          |
|         | Depreciation and section   |                       |   | 23           | •  |          | 23        |                               |
|         | 179 expense deduction  |                       |   |              | Travel, meals, and entertainment   |          | g::       |                               |
|         | (not included in Part III)<br>(see instructions)                             | 13                    | 6,734.  | ١.           | Travel   |          | 24 a      | •                             |
|         | •  |                       |   | 1            |  |          |           | ,                             |
| 14      | Employee benefit program (other than on line 19)                             | 15 14                 |   |              | b Deductible meals and entertainm  | ent      | 24b       | 815.                          |
| 15      | Insurance (other than hea  |                       | 3,612.  | 1 25         | Utilities  |          | 25        |                               |
| •-      | Interest   | - TAY                 | ,   | 26           | Wages (less employment credits)  | )        | 26        |                               |
|         | Mortgage (paid to banks, etc)  |                       |   | 27           | Other expenses (from line 48 on page 2).   |          | 27        | 23,965.                       |
|         | Other  | 16Ь                   |   | 1            |  |          |           |                               |
| 17      | Legal & professional servi   | ces 17                |   | <u> </u>     |  |          |           |                               |
|         |  |                       | usiness use of home. A                              | dd lir       | es 8 through 27 in columns   | •        | 28        | 50,677.                       |
|         | ,  |                       |   |              |  |          |           |                               |
| 29      | Tentativa profit (loss). Sut   | otract line 28        | 3 from line 7                                       |              |  |          | 29        | 42,612.                       |
| 30      | Expenses for business us   | e of your ho          | me, Attach Form 8829.                               | • • • •      |  |          | 30        |                               |
| 31      | Nat profit or (loss). Subtra   | act fine 30 fn        | om ilna 29.   |              | -  |          |           |                               |
|         | • If a profit, enter on Fon  | m <b>1040. Rne</b> '  | 12, and also on Schedu                              | le SE        | , line 2 (statutory  |          |           | 4= -4-                        |
|         | employees, see instruction   | ns). Estates          | and trusts, enter on For                            | m 10         | 04), Itne 3.   |          | 31        | 42,612.                       |
|         | • If a loss, you must go t   |                       |   |              |  |          |           |                               |
| 32      | If you have a loss, check  | the box that          | describes your investme                             | ent Ir       | n this activity (see instructions).  |          |           |                               |
|         | If you checked 32a. ent  | er the inse o         | n Form 1040, line 12, ar                            | nd els       | so on Schedule SE, line 2  | ٦        |           | All Investment is             |
|         | (statutory employees, see  | instructions          | ). Estates and trusts, er                           | ter o        | on Form 1041, line 3.  | L        | 32 a      | at risk.                      |
|         |  |                       |   |              |  |          |           | Some investment               |
| 2.32    | • If you checked 32b, you  |                       |   |              |  |          | 32b       | is not at risk.               |
| BAA     | For Paperwork Reduction  | n Act Notice          | , see Form 1040 instruc                             | tions        | h.   |          | School    | ule C (Form 1040) 2005        |

FD(20112L 11/14/05

|   | Sche      | dule C (Form 1040) 2005 Lew E Baxter   |          |                  |           | Page 2        |
|---|-----------|--|----------|------------------|-----------|---------------|
|   | 44 174 5  | Cost of Goods Sold (see Instructions)  |          |                  |           | <u> </u>      |
|   | 33        | Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach  | s) oplan | ation)           |           |               |
|   | 34        | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If 'Yes,' attach explanation.   | ••••     | [                | Yes       | No            |
|   | 35        | Inventory at beginning of year. If different from last year's closing inventory, attach explanation  | 35       |                  |           |               |
|   | 36        | Purchases less cost of items withdrawn for personal use  | 36       |                  |           |               |
|   | <b>37</b> | Cost of labor. Do not include any amounts paid to yourself   | 37       |                  |           |               |
|   | 38        | Materiels and supplies   | 38       |                  | _         |               |
|   | 39        | Other costs  | 39       |                  |           |               |
|   | 40        | Add lines 35 through 39  | 40       |                  |           |               |
|   | 41        | Inventory at end of year   |          | _                |           |               |
|   | 42        | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4   |          |                  |           |               |
|   |           | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for time 13 to find out if you must file to | om la    | ne 9 er<br>1562. | nd are n  | ot<br>        |
|   | 43        | When did you place your vehicle in service for business purposes? (month, day, year)   |          |                  |           |               |
|   | 44        | Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used your vehicle   | ala for  |                  |           |               |
|   | 44        | Business b Commuting cOther  |          | •                |           |               |
|   | _         |  |          |                  |           |               |
|   | 45        | Do you (or your spouse) have another vehicle available for personal use?   |          |                  | Yes       | ∏ No          |
| ٧ | 45        | Was your vehicle available for personal use during off-duty hours?   |          |                  | ∐Yes      | ∐No           |
|   |           | Do you have evidence to support your deduction?  |          |                  | ∐Yes<br>□ | ∐No           |
|   |           | of Yes, is the evidence written?   |          |                  | Yes       | No            |
|   | KE,       | Other Expenses. List below business expenses not included on lines 8-26 or line 30.  |          |                  |           |               |
|   | See       | Statement 4  |          |                  |           |               |
|   |           |  |          |                  |           |               |
|   |           |  |          |                  | •         |               |
|   |           |  |          |                  |           |               |
|   |           |  |          |                  |           |               |
|   |           |  |          |                  |           |               |
|   |           |  |          |                  |           |               |
|   |           |  |          |                  |           |               |
|   | 48        | Total other expenses. Enter here and on page 1, line 27  | 48       |                  |           | <u>, 965.</u> |
|   |           |  | Carbo of | de C /           | Easter 10 | 300E          |

FDI20112L 11/14/05

| SCHI  | EDUL  | E | SE |
|-------|-------|---|----|
| (Form | 1040) |   |    |

### Self-Employment Tax

OMB No. 1545-0074 2005

➤ Attach to Form 1040. ➤ See Instructions for Schedule SE (Form 1040).

Name of merson with self-encolorment income (as shown on Form 1040)

Lew E Baxter

Social security number of person with self-employment income

#### Who Must File Schedule SE

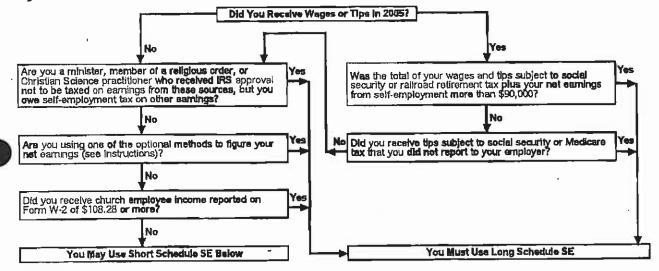
You must file Schedule SE if:

- You had not earnings from self-employment from other than church employee income (line 4 of Short Schadule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108,28 or more, income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

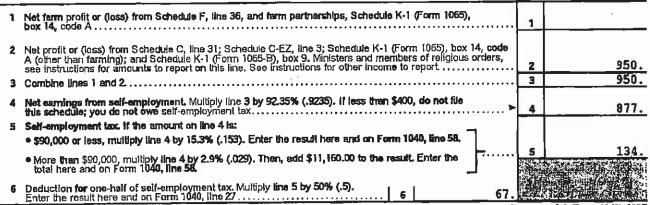
Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt — Form 4361' on Form 1040, tine 58.

#### May I Use Short Schedule SE or Must I Use Long Schedule SE?



#### Section A - Short Schedule SE. Caution. Read above to see If you can use Short Schedule SE.



BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule SE (Form 1040) 2005

### Child and Dependent Care Expenses

► Attach to Form 1040.

► Sea separate instructions.

OMB No. 1545-0074 2005 Attachment Sequence No. 21

Name(s) shown on Form 1040

Lew E and Susan R Baxter

| Pái         | Persons or Orga  | nizations                                    | Who Provided               | Qualifying Person(<br>the Care — Your      |              |   |                |  |
|-------------|--|--|----------------------------|--|--------------|---|----------------|--|
| 1           | (a) Care provider's  | name   | (no., street, apt          | (b) Address<br>no., city, state, and       | ZIP code)    | (c) Identifying n<br>(SSN or EIN)       | о.             | (d) Amount paid<br>(see instructions)  |
|             |  |  | <del> </del>               | <u>T.</u>                                  |              |   |                | 360.   |
| Caur        | • • • • • • • • • • • • • • • • • • •                            | d you receive<br>ent care ben<br>in your hom | afits?                     | No<br>Yes                                  | · —          | •                                       | t III or       | n page 2 next.   |
| <b>13</b> 6 | Credit for Child   | and Depe                                     | ndent Care Exp             | enses                                      |              |   | _              |  |
| 2           | Information about your qual                                      | lying perso                                  | n(s). If you have mo       | re than two qualifyir                      | ng persons,  | see the instructions                    |                |  |
|             | (a) (  | Qualifying pa                                | rson's <b>name</b><br>Last |  | (b) Ctu      | alifying person's so<br>security number | cial T         | (c) Qualified expenses you incurred and paid in 2005 for the person listed in column (a) |
| E.          | 1 400  |  |                            |  | •            |   |                | 360.   |
| (1)         |  |  |                            |  |              |   |                |  |
| 3           | Add the emounts in column for two or more persons. if            | (c) of line 2.                               | Do not enter more          | than \$3,000 for one<br>amount from line 3 | qualifylng p | erson or \$6,000                        | 3              | 360.   |
| 4           | Enter your asmed income.   |  | •                          |  |              |   | 4              | 94,172.  |
| 5           | If married filing jointly, enter<br>or was disabled, see the ins |  |                            |  |              |   | 5              | 27,291.  |
| 6           | Enter the smallest of line 3,                                    |  |                            |  |              |   | 6<br>(4)(8)(4) | 360.   |
| 7           | Enter the amount from Form                                       | n 1040, line :                               | 38                         |  | . 7 .        | 70,198.                                 |                |  |
| 8           | Enter on line 8 the decimal                                      |  | wn below that applic       | es to the amount on<br>If line 7 is:       | line 7       |   |                |  |
|             |  | But not                                      | Decimal                    |  | But not      | Decimal                                 | 44             |  |
|             | <u>Over</u>  | over   | amount is                  | <u>Over</u><br>\$29,000-                   | 21.000       | amount is                               |                |  |
|             |  | 15,000<br>17,000                             | .35<br>.34                 | \$29,000-<br>- 31,000                      | •            | .27<br>.26                              |                |  |
|             | •  | 17,000<br>19,000                             | ,33                        | 33,000-                                    |              | .25                                     |                |  |
|             | -  | - 15,000<br>- 21,000                         | .32                        | 35,000 <b>-</b>                            | •            | .24                                     | 8              | X .20  |
|             | •  | - 23,000<br>- 23,000                         | .31                        | 37.000-                                    | •            | .23                                     | 纖              |  |
|             | •  | <b>– 25,000</b>                              | .30                        | 39,000-                                    | •            | .22                                     |                |  |
|             | •  | - 27,000                                     | .29                        | 41,000-                                    | •            | .21                                     |                |  |
|             | •  | - 29,000                                     | .28                        | 43,000-                                    | No limit     | .20                                     | ) - A          |  |
| 9           | Multiply line 6 by the decim                                     | el amount or                                 | line 8. If you noted       | 2004 aynansas in 20                        | 05, see the  | instructions                            | 9              | 72.  |
| 7<br>10     | Enter the amount from For  |  |                            |  |              |   | 10             | 6,309.   |
| 11          | Credit for child and depend                                      | ent care exp                                 | enses. Enter the st        | naller of line 9 or lin                    | e 10         |   |                |  |
| • • •       | here and on Form 1040, Iln                                       | e 48   |                            |  |              |   | 11             | 7:   |

FDIA3212L 11/14/05

BAA For Paperwork Reduction Act Notice, see separate Instructions.

Form 2441 (2005)

Form 4562 (Rev January 2006)

Depreciation and Amortization (including information on Listed Property) OMB No. 1545-0172 2005

Department of the Treasury Internal Reversie Service Attachment 67 > Attach to your tex return. ➤ See separate instructions. Name(s) shown on return Lew E and Susan R Baxter Business or activity to which this form relates Schedule C - Lew E Baxter Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I. Maximum emount. See the instructions for a higher limit for cartain businesses ........ 1 \$105,000. 2 6,734. 2 Total cost of section 179 property placed in service (see instructions)...... 3 Threshold cost of section 179 property before reduction in limitation..... 3 \$420,000. 0. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-..... 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 105,000 separately, see Instructions..... (C) Elected cost (b) Cost (business Use only) 6 (A) Description of property 5-Year Trailer 6,734. 6,734 7 Listed property. Enter the amount from line 29...... 0 6.734 8 8 Total elected cost of section 179 property. Add amounts in column (c), tines 6 and 7........ 6,734. Tentative deduction. Enter the smaller of line 5 or line 8...... 9 Carryover of disallowed deduction from line 13 of your 2004 Form 4562..... 10 0. Business Income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)... 76,637. 11 6,734 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 12 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 ▶ 13 D. Note: Do not use Part II or Part III below for listed properly. Instead, use Part V. Ray | Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special allowance for certain aircraft, certain property with a long production period, and qualified New York Liberty or GO Zone property (other than listed property) placed in service during the tax year (see instrs) .... 14 15 Property subject to section 168(f)(1) election..... 15 16 Other depreciation (including ACRS).... 16 PARTILE MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2005..... 17 If you are electing to group any assets placed in service during the tax year into one or more general 5.38 asset accounts, check here ... Section B — Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (C) Baule for depreciation (business/mestment use (g) Depreciation (d) very period (a) Classification of pro-(b) Month and (f) Madrod — see instructions 19a 3-year property...... b 5-year property. c 7-year property. d 10-year property... a 15-year property. 1 20-year property... S/L 25 yrs g 25-year property..... 27.5 yrs М S/L h Residential rental M S/L property..... 27.5 yrs VIV S/L Nonresidential real 39 yrs MM S/L property..... Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System S/L 12 yrs S/L 40 VIS MM S/L c 40-year...... Part IV Summary (see instructions) 21 Listed property. Enter amount from line 28. Total. Add amounts from line 12, lines 14 through 17, three 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions.

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD020812L 12/29/05

Form 4562 (2005) (Rev 1-2006)

6,734

| (a) (b) (c) (c) (c) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e   |             | columns (a) through (c)  |  |                          |                         |                      |                     |                     |                            | nite for               | IBCCOP!          | ter sufer     | nnhilee     | `                   |                |
|--|-------------|--|--|--------------------------|-------------------------|----------------------|---------------------|---------------------|----------------------------|------------------------|------------------|---------------|-------------|---------------------|----------------|
| (a) (b) Cost of Cost o | 24 a        |  |  |                          |                         |                      | _                   |                     | -                          |                        |                  |               |             |                     | No             |
| 25 Special allowance for certain protect, certain protection period, and qualified flew York Librarty or GD Zoss popely placed in service during the last year and seed more lists 25% in a qualified business uses:  26 Property used more than 50% in a qualified business uses:  27 Property used SDW or lass in a qualified business uses:  28 Add amounts in column (1), lines 25 through 27. Enter here and on line 21, page 1   |             | (a) (b)  | (c)<br>Business/<br>investment<br>use            | (d)                      |                         | Ossis for<br>Ossines | (e)<br>deprecia     | aon<br>ent          | Recovery                   | Mel                    | hod/             | Depte         | chion       | Ele                 | ated<br>in 179 |
| 27 Property used 50% or less in a qualified business use;  28 Add amounts in column (f), lines 25 through 27. Enter here and on line 21, page 1  |             | property placed in service during the la                         | <b>certain</b> property wi<br>ax year and used m | ore than 50              | % in a quali            | iod, and             | qualified           | New Yor<br>(see ins | k Liberty or<br>tructions) | GO Zope                | . 25             |               |             |                     |                |
| Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1   | 26          | Property used more than 50%                                      | in a qualified i                                 | ousiness (               | USE:                    |                      |                     |                     |                            | <b>—</b>               |                  |               |             |                     |                |
| 28 Add amounts in column (ii), lines 25 through 27. Enter here and on line 21, page 1  |             | Property used 50% or less in a                                   | qualified busi                                   | ness (256)               |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| 29 Add emounts in column (), line 26. Enter here and on line 7, page 1.  |             |  |  |                          |                         |                      |                     | $\overline{+}$      |                            |                        |                  |               |             |                     |                |
| Section B — Information on Use of Vehicles  Section B — Information on Use of Vehicles  Section B — Information on Use of Vehicles  So your employees, first answer the questions in Section C to see if you meet the exception to completing this section for those vehicles.  30 Total business/invastment miles driven during the year (do not include  Commuting miles).  1 Total other personal (noncommuting) miles driven miles driven during the year.  2 Total other personal (noncommuting) miles driven during the year.  31 Total miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year.  34 Was the vehicle searlable for personal use during off-duty hours?  35 Was the vehicle available for personal use during off-duty hours?  36 Was the vehicle available for personal use during off-duty hours?  37 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  18 Is another vehicle available for personal use?  38 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  18 Is another vehicle available for personal use?  39 De you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 De you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees?  40 De you provide more than five vehicles to your employees as personal use?  41 Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  42 Amortization  43 Order arrawer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.  44 Amortization  45 Order arrawer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.   | 28          | Add amounts in column (h), lir                                   | nes 25 through                                   | 27. Ente                 | r here and              | i on iln             | e 21, pa            | ige 1.              |                            |                        | . 28             |               | •           |                     |                |
| complete this section for vehicles used by a sole proprietor, partner, or other 'more item 5% owner,' or related person. If you provided wehicles by our employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.  30 Total business/investment miles driven during the year (do not include commuting miles).  31 Total commuting miles driven during the year.  32 Total other personal (noncommuting) miles driven during the year.  33 Total miles driven during the year. Add lines 30 through 32.  34 Was the vehicle available for personal use during off-duly hours?  35 Was the vehicle available for personal use during off-duly hours?  36 Is another vehicle evailable for personal use of vehicles of related person?  37 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owner or related person?  38 Was the vehicle available for personal use of related persons (see Instructions).  39 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  39 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  40 Do you provide more than five vehicles to your employees a personal use?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See Instructions).  42 Atmortization  43 Atmortization  44 Cescription of costs  45 Cescription of costs  46 Cescription of costs  47 Amortization  48 Amortization  49 Amortization  40 Do you meet the requirements concerning qualified automobile demonstration use? (See Instructions)  48 Amortization  59 Do you maintain a written policy statement that prohibits personal use of vehicles, and relain the information received?  49 Do you provide more than five vehicles to your employees, obtain information from your amploy | 29          | Add amounts in column (), lin                                    | e 26. Enter her                                  |                          |                         |                      |                     |                     |                            |                        |                  | <u> </u>      | 29          |                     |                |
| Total business/invastment miles driven during the year (do not include commuting miles).  Total commuting miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year.  Total other personal (noncommuting) miles driven during the year of vehicles of use of vehicles used by comparate of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Total rules of vehicles of vehicles by our employees as personal use of vehicles, except commuting, by yo | ٠           | ntata Mala mandian dar sahinlan s                                | end by a colour                                  |                          |                         |                      |                     |                     |                            | r'arad                 | ated se          | mon Itu       | vol i bensi | rdad ush            | ممامل          |
| Total business/investment miles driven during the year (do not include commuting miles).  Total commuting miles).  Total commuting miles driven during the year.  Total miles driven during the year.  Total miles driven during the year. Add lines 30 through 32.  Total miles driven during the year. Add lines 30 through 32.  Was the vehicle available for personal use during off-duly hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  Total miles driven during the year. Add lines 30 through 32.  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).  Total miles driven during the year.  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  Amortization  (a)  Ous provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  Amortization  (a)  Ous provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  Amortization  Amortization  Amortization  Amortization  Out t | oyo         | ur employees, first enswer the                                   | questions in S                                   | ection C                 | to see if y             | on me                | et en e             | ceptio              | n to comp                  | oleting th             | ıls secti        | on for th     | ose vel     | icles.              |                |
| during the year (do not include commuting miles).  Total commuting miles driven during the year.  Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32.  Total miles driven during the year. Add lines 30 through 32.  Yes No Ye | 20          | Tatal business fines should mile                                 | an debuga  |                          | -                       | •                    | •                   |                     |                            |                        |                  |               | •           |                     | -              |
| Total other personal (noncommuting) miles driven during the year. Add lines 30 through 32.  Yes No Y | <b>3</b> 0  | during the year (do not include                                  | 8  |                          | cle 1                   | Vehic                | cle 2               | Ve                  | hicle 3                    | Vehi                   | cle 4            | Vehl          | clø 5       | Vehi                | de 6           |
| miles driven during the year. Add lines 30 through 32.  Yes No Ye |             | •  | •  | $\vdash$                 |                         |                      |                     |                     |                            |                        |                  |               |             |                     | -              |
| Ilnes 30 through 32.  Yes No Y |             | milas driven   |  | ·                        |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| 34 Was the vehicle available for personal use during off-duty hours?  35 Was the vehicle used primarily by a more than 5% owner or related person?  36 Is another vehicle available for personal use?  37 Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  38 In another vehicle available for personal use?  39 Section C — Questions for Employers Who Provide Vehicles used by employees who are not more than the owners or related persons (see instructions).  39 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  31 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees?  32 Do you maintain a written policy statement that prohibits personal use of vehicles, accept commuting, by your employees?  33 Do you maintain a written policy statement that prohibits personal use of vehicles, accept commuting, by your employees?  34 Do you meet all use of vehicles by employees as personal use?  45 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  46 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covared vehicles.  47 Amortization  48 Amortization period or personal use of the section period or personal use?  49 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  40 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  40 Do you meet the requirements concerning qualified automobile section B for the covared vehicles.  41 Do you meet the requirements concerning qualified automobile section period or personal use of your period or personal use of your period or personal use of your period or personal use of your personal use of your personal use of your per | 33          |  |  |                          |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| during off-duty hours?  Was the vehicle used primarily by a more than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 6% owners or related persons (see instructions).  Yes No your maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Do you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.  Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Seation B for the covered vehicles.  Amortization  (a)  Cescription of costs  Cade Amortization period or per |             |  |  | Yes                      | No                      | Yes                  | No                  | Yes                 | No                         | Yes                    | No               | Yes           | No          | Yes                 | No             |
| than 5% owner or related person?  Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees  Inswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than % owners or related persons (see instructions).  7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  9 Do you treat all use of vehicles by employees as personal use?  9 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?.  1 Do you meet the requirements concerning qualified eutomobile demonstration use? (See instructions).  1 Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covared vehicles.  9 Amortization  (a)  (b)  Code Mortization  (c)  Amortization  (d)  Amortization  (e)  Amortization  Amortization  (iii)  Amortization  (iv)  Amortization  | 34          |  |  |                          |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than We owners or related persons (see instructions).  Yes No by your employees?  Bo you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  Bo you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  Bo you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  To your meet the requirements concerning qualified automobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 ts 'Yes,' do not complete Section B for the covered vehicles.  Amortization  (a)  Oescription of cests  Code personal use of Vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  Amortization  (b)  Code personal used on B for the covered vehicles.   | 翌           | Was the vehicle used primarily than 5% owner or related pers     | y by a more<br>son?                              |                          |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| Section C — Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than the owners or related persons (see instructions).  37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  42 No your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  43 Amortization  44 Obscaription of costs  45 Code marketization personal use?  46 Code personal use of vehicles used by your employees about the use of the vehicles, and retain the information received?  47 Amortization  48 Obscaription of costs  49 Obscaription of costs  40 Obscaription of costs  40 Obscaription of costs  40 Obscaription of costs  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)  44 Obscaription of costs  45 Obscaription of costs  46 Obscaription of costs  47 Obscaription of costs  48 Obscaription of costs  49 Obscaription of costs  40 Obscaription of costs  40 Obscaription of costs  40 Obscaription of costs   | 36          | Is another vehicle available to                                  | r  |                          |                         |                      |                     |                     |                            |                        |                  |               |             |                     |                |
| The owners or related persons (see instructions).  To by your maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  To by your employees?  To you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  To you treat all use of vehicles by employees as personal use?  Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  To you meet the requirements concerning qualified eutomobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  To be a more treation period or  |             |  |  | s for Em                 | oloyers W               | ho Pro               | vide Ye             | hicles              | for Use b                  | y Their i              | Employ           | 805           |             |                     |                |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including communing, by your employees?  38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section 8 for the covered vehicles.  42 Amortization  (a)  (b)  Costs smortballon  (c)  Amortization  (d)  Amortization  for this year  | insi<br>% d | ver these questions to determin<br>where or related persons (see | re if you meet<br>Instructions).                 | BIT excep                | tion to cor             | nifelqn              | g Sectio            | an B fo             | r vehicle:                 | s used b               | у ептрк          | yeas wh       | o are n     | ot more             | than           |
| employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.  39 Do you treat all use of vehicles by employees as personal use?  40 Do you provide more than five vehicles to your employees, obtain information from your amployees about the use of the vehicles, and retain the information received?.  41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Seation B for the covered vehicles.  42 Amortization  (a)  (b)  Code Amortization Amortization period or p | 37          |  |  |                          |                         |                      |                     |                     |                            |                        | uling,           | •••••         | •••••       | Yes                 | No             |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   | 38          | Do you maintain a written policemployees? See the instruction    | cy statement to<br>ns for vehicles               | at prohib<br>used by     | its persor<br>corporate | nal use<br>officer   | of vehics, direc    | des, e<br>tors, c   | xcept cor<br>or 1% or r    | nmuting,<br>nore ow    | , by you<br>ners | ır<br>••••••  |             |                     |                |
| Vehicles, and retain the information received.  10 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions).  Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.    Amortization   (a) (b) (c) (d) (d) (e) (for this year percentage)   (for | 39          |  | • • •  | •                        |                         |                      | • • • • • • •       |                     |                            |                        |                  | • • • • • • • |             |                     |                |
| Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.  Part Amortization  (a)  (b)  (c)  (d)  (e)  (f)  Amortization  pariod or persontage  for this year  | 40          | vehicles, and retain the inform                                  | iation received                                  | £                        |                         | 4   4 4 4 7          |                     | 1                   |                            |                        |                  | a use of      | the         |                     |                |
| (a) (b) (c) (d) (e) (f)  Coscription of costs Costs montitization legins Americantle section period or percentage for this year  |             | Do you meet the requirements<br>Note: If your enswer to 37, 38,  | concerning qu<br>, 39, 40, or 41                 | ralified en<br>Is 'Yes,' | stomobile<br>do not cos | demon<br>npiele      | stration<br>Section | use?<br>8 for       | (See inst<br>the cover     | ructions;<br>red vehic | ies.             |               |             |                     |                |
| Oescription of costs  Oots smoothing Americanie Legins  Aracrizable Code Americanic period or percentage for this year   |             |  |  |                          | <b>7.</b> \             | 7                    |                     |                     | , —-                       | -                      | -                | <i>(-</i> )   | Ι           | 40                  |                |
| 42 Amortization of costs that begins during your 2005 tax year (see instructions):   |             |  |  |                          | (0)                     | I .                  |                     | <b>.</b>            |                            |                        |                  |               | ١,          |                     | n              |
|  |             | (4)  |  | Cots or                  | nortization<br>agins    | '                    | amount              |                     | ı.                         | ction                  | pe               | and or        |             | for this <b>yea</b> | •              |
|  | Æ)          | (a)<br>Description of costs                                      | ilns during you                                  | Cota es                  | egins                   |                      | amplint             |                     |                            | ction                  | pe               | and or        |             | for this yes        | -              |

| 2005  | Federal Statements                            | Page 1   |
|---|---|--|
|   | Lew E and Susan R Baxter                      |  |
| Statement 1<br>Schedule A, Line 10<br>Home Mortgage Inte  | rest Reported on Form 1098  Total             | \$ 9,553.<br>\$ 9,553.                               |
| Statement 2 Schedule A, Line 15 Contributions by Ca Auburn Universit East Memorial Ba               | a<br>ish or Check<br>Y.<br>ptist Church Total | \$ 10.<br>597.<br>\$ 607.                            |
|   | than Cash<br>Total                            | . 250.   |
| Amortization Casual Labor Equipment Rental Other Operating Personal Auto Us Relief Driver Telephone | Expenses se  Total                            | 2,857,<br>7,075.<br>8,112.<br>768.<br>795.<br>1,578. |
|   | -   |  |

|               | 2006 TAX RETURN                         |
|---------------|---|
|               | Preparer Review Copy                    |
| Client:       | 200316                                  |
| Prepared for: | Lew E and Susan R Baxter                |
|               |   |
|               |   |
|               |   |
|               |   |
| _             |   |
| Prepared by:  | Frank V. Jones, CPA Frank V. Jones, CPA |
|               | •                                       |
|               |   |
| Date:         | March 22, 2008                          |
| Comments:     | ······································  |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
|               |   |
| Poute to:     |   |

FDIL2001L 05/04/06

**CLIENT 200316** 

### FRANK V. JONES, CPA

March 22, 2008

Lew E and Susan R Baxter

Dear Lew & Susy,

Enclosed is your 2006 Alabama Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$1,772.

Make your check payable to the "Alabama Department of Revenue" and mail your Alabama return with Form 40V payment voucher on or before October 15, 2007 to:

> ALABAMA DEPARTMENT OF REVENUE P.O. BOX 2401 **MONTGOMERY, AL 36140-0001**

Please be sure to call if you have any questions.

Sincerely,

Frank V. Jones, CPA

| 40.40                                   |               | imani of the Transary —                          |                    |                    |                   | 200                    |  |                               |                               |            |
|---|---------------|--|--------------------|--------------------|-------------------|------------------------|--|-------------------------------|-------------------------------|------------|
| Form 1040                               |               | 5. Individual                                    |                    |                    | um 20             | 00 <u>6</u>            | (99) PS Use 0                            | nly — Do not v                | mto or stepto in t            | ils space. |
| 1                                       |               | ar Jan 1 - Dec 31, 2006,                         | or other tax yea   |                    |                   | O6, ending             | , 20                                     |                               | OMB No. 1545-0                |            |
| Label                                   | Your first i  | rairje   |                    | MI Last n          | <b>E</b> no       |                        |  | Your                          | ocial security can            | nber       |
| (See matructions.)                      | Lew E         | Baxter   |                    |                    |                   |                        |  |                               |                               |            |
| 11 43                                   | If a joint re | Alum, spouse's first nam                         | 4                  | MI Laste           | MILE .            |                        |  |                               |                               |            |
| Use the<br>IRS label.                   | Susan         | R Baxter   |                    |                    |                   |                        |  |                               |                               |            |
| Otherwise,                              | - Caoan       | * * · · · · · · · · · · · · · · · · · ·          | I seems have a f   | O, box, see in:    | tructions.        |                        | Apartment no                             | <del>_</del> , ,              | UU HIMBA SIRE                 |            |
| please print<br>or type.                |               |  |                    |                    |                   |                        |  |                               | social secu                   | rily 🗼     |
| or type.                                | 1 MIT. INCH   |  | .idr               | ess, san Instruc   | tions.            | Stat                   | s ZIP code                               |                               | number(s) ab                  | iove.      |
| Presidential                            | 1             | ville, AL 3                                      | -                  |                    |                   |                        |  | Check                         | ing a box below w             | rill not   |
| Election                                | -             |  |                    | () ( 00 h          | 4 42 4 34         | A and the first bar of |  |                               | e your lax or refu            |            |
| Campaign                                | Calc          | t here if you, or your spi                       | orze it timed lot. | INN, WAINT \$1 ID  | go to east (und/  | (200 INSTRUCTIONS      | <u>),</u>                                | ► ∐Υ                          | on Pabe                       | ezuc       |
| Filing Status                           | 1             | Single   |                    |                    | 4                 |                        | of household (wit<br>stions.) If the qua |                               |                               | В          |
| •                                       |               | X Matried filling point                          |                    |                    |                   | but no                 | t your dependent                         | , enter this                  | child's                       |            |
| Check only                              | 3             | Married filing supe                              | rately, Enter spo  | use's SSN abov     | e 🖫 (u))          | name                   | here 🟲                                   |                               |                               |            |
| one box.                                |               | name here 🗠                                      |                    |                    | 5                 | Qualifyi               | ng widow(er) with de                     | peedent child (               | see instructions)             |            |
| Exemptions                              | 6a            | X Yourself, If son                               | neone can cl       | alm you as i       | e decendent.      | do not chec            | k box 6s                                 |                               | Econs checked<br>on 6a and 6b | 2          |
|   | ь             |  |                    |                    |                   |                        | 1  |                               | No. of children               |            |
|   | - ا           | Dependents:                                      |                    |                    | (2) Depende       | ent's (3)              | Dependent's                              | (4) √ H                       | on 6c who!                    |            |
|   | 61            | sabatunane:                                      |                    |                    | social secu       |                        | elationship<br>to you                    | qualifying<br>child for child | with you                      | 1          |
|   | (             | (1) First name                                   | La                 | st name            | Limiting          |                        | 10 <b>y</b> 00                           | (see insirs)                  | did not live with you         |            |
|   | - ,           |  |                    | L                  |                   | •                      |  | X                             | due to divorce                |            |
|   | •             |  |                    |                    |                   |                        | -  | 13                            | or separation<br>(see instra) |            |
| If more than                            | •             |  |                    | 1                  | _                 | <del></del>            |  |                               | Dependents<br>on 6: not       |            |
| four dependents                         |               | <u> </u>   |                    |                    |                   |                        |  |                               | - untered above.              |            |
| see instructions.                       |               |  |                    |                    |                   |                        |  |                               | Add numbers<br>on lines       |            |
|   |               | Total number of ex                               |                    |                    |                   |                        |  |                               | above                         | 2 502      |
| income                                  |               | Wages, salaries, tij                             |                    |                    |                   |                        |  |                               |                               | 8,623.     |
| V                                       | 5a `          | Taxable Interest. A                              | LIBON SCHOOL       | in edit            | na                | I esl                  |  | Ba                            |                               |            |
| ) <u>.</u>                              | 90.4          | Tax-exempt interes<br>Ordinary dividends         | II. Do not inc     | adulo Alifan       | on                | [ 88]                  |  |                               |                               |            |
| Altach Form(s) W-2 here, Also           | 74 V          | Qualified dividends (see                         | inelre)            | acota 2 () La      | quirou            | 9.6                    |  |                               |                               |            |
| ailach Forms                            | 10 1          | Tazablo refunds, cradits                         | or offsels of at   | ain and local in   | come faxes (see   | instructions)          |  |                               |                               |            |
| W-2G and 1099-R<br>if lax was withheld. |               | Allmony received                                 |                    |                    |                   |                        |  |                               |                               |            |
|   |               | Business income a                                |                    |                    |                   |                        |  |                               | 4                             | 7,320.     |
| If you did not<br>del a ₩-2.            | 13 (          | Capital gain or (loss). A                        | It Seh Diff regul. | li not regd, ck    | bere              |                        | ► 🔲                                      | 13                            |                               |            |
| see instructions.                       | 14            | Other gains or (Tos                              | ses). Allach       | Form 4797.         |                   |                        |  | 14                            |                               |            |
|   |               | IRA distributions                                |                    |                    |                   |                        | amount (see insi                         |                               |                               |            |
|   | 16a l         | Pensions and annu                                | iftles 🔝           | 6a                 |                   |                        | amount (see inst                         |                               |                               |            |
|   |               | Rental real estate,                              |                    |                    |                   |                        |  |                               |                               |            |
| Enclase, but do                         |               | Farm income or (lo                               | -                  |                    |                   |                        |  |                               |                               |            |
| not attach, any<br>payment. Also,       |               | Unemployment car                                 |                    |                    |                   |                        |  |                               |                               |            |
| please use                              |               | Social security benefits.                        |                    |                    |                   | b Taxable              | emount (see insi                         |                               | -                             | 3,548.     |
| Form 1040-V.                            |               | Other Income See                                 |                    |                    | Bara 7 Bara       | Z 35 75 75             |  | 21                            | ļ - — ,                       |            |
|   |               | Add the amounts in<br>Archer MSA deduc           |                    |                    | INTES / UTCOL     | gn 21. Inis i          | S YOUR LUCEI INCOL                       | ne. > 22                      | <del></del>                   | 9,499.     |
| Adjusted                                | 24            | Carleju prisidest exbetis<br>Victies M2V peemo   | as of feteroids.   | itre enienoitse    | sts, and fee-basi |                        |  | 1.00                          |                               |            |
| Gross                                   |               | government officials. At                         | bach Form 2106     | or <b>2106</b> -EZ |                   | 24                     |  |                               |                               |            |
| Income                                  |               | Health savings acc                               |                    |                    |                   |                        |  |                               |                               |            |
|   |               | Moving expenses.                                 |                    |                    |                   |                        |  |                               |                               |            |
|   |               | One-half of self-en                              |                    |                    |                   |                        |  | 251.                          |                               |            |
|   |               | Self-employed SEI                                |                    |                    | •                 |                        | <del></del>                              |                               |                               |            |
|   |               | Self-employed health in                          |                    |                    |                   |                        | 2,                                       | 17.                           |                               |            |
|   |               | Penalty on early w                               |                    | _                  |                   |                        |  |                               | 8                             |            |
|   |               | Alimony paid ib Recipie                          |                    |                    |                   |                        |  |                               |                               |            |
| ·                                       |               | IRA deduction (see                               |                    |                    |                   |                        |  |                               |                               |            |
|   |               | Student loan intere                              |                    |                    |                   |                        |  |                               |                               |            |
| 0                                       |               | Jury duty pay you                                |                    |                    |                   |                        |  | July 1                        |                               |            |
| )                                       |               | Domestic production ac                           |                    |                    |                   |                        |  | 36                            |                               | 2,368.     |
|   |               | Add lines 23 - 31a and .<br>Subtract line 36 iro |                    |                    |                   |                        |  | > 37                          |                               | 7.131.     |
| DAA Es-Disala                           |               | vacy Act, and Pape                               |                    |                    |                   |                        | FDIA0112.                                |                               |                               | 040 (2006) |
| BAA FOR UNCIO                           | rsure, l'ill  | увсу дец ила гарс                                | NADLE MAGN         | PROU VEC 140       | aest 244 1020     | 14500(J2+              | FUVUI IZL                                | 11/07/40)                     | rom) i                        | Aid (Kong) |

| Form 1040 (2006)                     | Lew E and Susan R Baxter  |  |
|--------------------------------------|---|--|
|                                      | 38 Amount from line 37 (adjusted gross income)  | 38 77.131.   |
| Tax and                              | 39a Check Tayou were born before January 2, 1942, Blind. Total boxes  |  |
| Credits                              | if: Spouse was born before January 2, 1942. Blind, checked 39a  |  |
| Standard<br>Deduction                |   |  |
| for —                                | 40 Hantized deductions (from Schedule A) or your standard deduction (see left margin).  | 40 12,962.   |
| People who checked any box           | 41 Subtract line 40 from line 38.   | 41 64,169.   |
| on line 39a or                       | 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see  | 1900   |
| 39b or who can                       | manactions. Amendise, unitions \$2200 by the term term center of exemptions distinct on line of   | <b>42</b> 9,900.   |
| be claimed as a dependent, sue       | 43 Taxable Income. Subtract line 42 from line 41.   | 43 54,269.   |
| Instructions.                        | If line 42 is more than line 41, enter -0-  44 Tax (see insirs). Check if any tax is from: a Form(s) 8814 b Form 4972.  | 44 7,386.  |
| All others:                          | 45 Alternative minimum tax (see instructions), Altach Form 6251.  | 45 0.  |
| ,,                                   | 46 Add lines 44 and 45  |  |
| Single or Married filing separately. | 47 Foreign tax credit. Attach Form 1115 if required   | 1,300.   |
| \$5,150                              |   |  |
| Married filling                      |   |  |
| jointly or                           | 49 Credit for the elderty or the disabled. Attach Schedule R 49 50 Education credits, Attach Form 8863  |  |
| Qualifying<br>widow(er),             | 51 Refirement savings contributions credit. Attach Form 8880 51   |  |
| \$10,300                             | 52 Residential energy credits. Atlach Form 5695   |  |
| li al ad                             | 53 Child tax credit (see instructions). Attach Form 8901 id required  |  |
| Head of household.                   | 54 Credits from: a Form 8396 b Form 8839 c Form 8899 54   |  |
| \$7,560                              | 55 Other credits. Check applicable box(es): a Form 3800   |  |
|                                      | b Form c Form 55  |  |
|                                      | 56 Add lines 47 through 55. These are your total credits  | 56 1,000.  |
|                                      | 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0   |  |
|                                      | 5B Self-employment tax. Attach Schedule SE  | 58 501.  |
| Other                                | 59 Social security and Madicare tax on tip Income not reported to employer. Attach Form 4137  | 59   |
| Taxes                                | 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required.   |  |
|                                      | 61 Advance earned income credit payments from Form(s) W-2, box 9  | 61   |
|                                      | 62 Household employment taxes. Attach Schedule H  | 62   |
|                                      | 63 Add lines 57-62. This is your total tax  | 63 6,887.  |
| Payments                             | 64 Federal income bax withheld from Forms W-2 and 1099 64 1,048.  |  |
| If you have a                        | 65 2008 estimated tex payments and amount applied from 2005 return  |  |
| qualitying                           | 66a Earned Income credit (EIC)  |  |
| child, altach<br>Schedule EIC.       | b Nantacable combat pay election  |  |
| activadia cio.                       | 67 Excess social security and that 1 RNTA tax withheld (see instructions)   | - Marine   |
|                                      | 639 Amount paid with request for extension to file (see instructions)   | 4.46   |
|                                      | 70 Payments from: a Form 2439 b Form 4136 e Form 8885 70  |  |
|                                      | 71 Credit for federal telephone excise tax paid. Altach Form 8913 if required 71 50.  |  |
|                                      | 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments.   |  |
|                                      | 73 If line 72 is more than line 53, subtrect line 63 from line 72. This is the amount you overpaid.   | 73   |
| Refund                               | 74a Amount of line 73 you wan! refunded to you. If Form 8888 is attached, check here  | 74a  |
| Direct deposit?<br>See instructions  | ► b Routing number ► c Type: Checking Savings   |  |
| and fill in 74b,                     | ► d Account number  |  |
| 74c, and 74d or Form 8888.           | 75 Amount of line 73 you want applied to your 2007 estimated tax 75   |  |
| Amount                               | 76 Amount you owe. Subtract fine 72 from tine 63. For details on how to pay, see instructions.  | 76 6,016.  |
| You Owe                              | 77 Estimated tax penalty (see instructions)   | THE COURSE OF THE PARTY OF THE  |
| <del></del>                          |   | npiele <b>the following.</b> No  |
| Third Party                          | Designant's Change  | Personal Identification  |
| Designee                             | name > Preparer no. >   | number (PiN)   |
| Sign                                 | Under penalties of perfury, I declars that I have examined this return and accompanying schedules and statements, and to the belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which i | preparer has any knowledge.  |
| Here                                 | Your signature Pais Your occupation   | Dayline phane manher   |
| Joint return?<br>See instructions.   | Distributor   |  |
| Кеер в сору                          | Spouse's signature. If a joint return, both must sign. Date Spouse's occupation   |  |
| for your records.                    | Executive Assista   | n Prince of the Control of the Contr |
|                                      | Date  |  |
| Paid                                 | Preparer's signature Check if self amployed   | 1 1  |
| Preparer's                           | Firm's name Frank V. Jones, CPA   |  |
| Use Only                             | (or yours if self-employ.   |  |
|                                      | address, an ZIP code Phone  |  |
|                                      | See Statement 2 6,156.  | Form 1040 (2006  |
|                                      | FDM0112L 11/07/05   | •  |

Form 2210

E

BAA For Paperwork Reduction Act Notice, see separate instructions.

### Underpayment of Estimated Tax by Individuals, Estates, and Trusts

► See separate instructions.

Attach to Form 1949, 1949A, 1949NR, 1949NR-EZ, or 1941.

OMB No. 1545 0140 2006

Attachment Sequence No. 05

Department of the Treasury Internal Revenue Service Name(s) shown on lax return Lew E and Susan R Baxter Do You Have To File Form 2210? Do not file Form 2210. You do not ows a panalty. Complete lines 1 through 7 below. Is line 7 less than \$1,000? No You do not owe a penalty. Do not file Form 2210 (but if box E below applies, you must file page 1 of Form 2210). Yes Complete lines 8 and 9 below. Is line 6 equal to or more than line 9? No Yes You may owe a penalty, Does any box in Part II below appty? You must file Form 2210. Does box B, C, or D apply? No No Yes You must figure your panalty. Do not file Form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but do not file form 2210. You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210. not file Form 2210. Required Annual Payment (see Instructions) 1 Enter your 2006 tax after credits from Form 1040, line 57 (or comparable line of your return)...... 6,386. 2 501. 2 Other taxes, including self-employment tax (see instructions)...... il de 3 0. 3 6,887. 4 6 1,048. 6 Withholding taxes. Do not include eştimated tax payments. See instructions...... 7 Subtract line 6 from line 4. If less then \$1,000, you do not own a penalty; do not file Form 2210...... 7 5,83**9.** 5,371. 8 Maximum required annual payment based on prior year's tax (see instructions)..... 8 5,371. Required annual payment, Enler the smaller of line 5 or line 8..... Next: Is line 9 more than line 6? No. You do not owe a penalty. Do not file Form 2210 unless box E below applies. Yes. You may owe a penalty, but do not file Form 2210 unless one or more boxes in Part II below applies.

If box B, C, or D applies, you must figure your penalty and file Form 2210.

If only box A or E (or both) applies, file only page 1 of Form 2210. You are not required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III or IV as a worksheet and enter your penalty on your tax return, but file only page 1 of Form 2210. Reasons for Filing. Check applicable boxes. If none apply, do not file Form 2210. Partil You request a waiver (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you are not required to figure your penalty. You request a waiver (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210. В Your income varied during the year and your penalty is reduced or eliminated when figured using the annualized income installment method. You must figure the penalty using Schedule Al and file Form 2210. Your penalty is lower when figured by treating the federal income tax withheld from your wages as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

FDIZ0313L 01/30/07

You filed or are filing a joint return for either 2005 or 2006, but not for both years, and line 8 above is smaller than the 5 above. You must file page 1 of Form 2210, but you are not required to figure your penalty (unless box B, C, or D applies).

Form 2210 (2006)

### Form 2210 (2006) Lew E and Susan R Baxter

Part III Short Method

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid estimated tax in equal amounts on your due dates.

TIP: You do not need to file Form 2210 unless you checked a box in Part II on page 1.

You must use the regular method (Part IV) Instead of the short method If:

- You made any estimated tax payments late, You checked box C or D in Part II, or You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method. If the payment was only a few days early, the difference is likely to be small.

| 10 | Enlar the amount from Form 2210, line 9   | 10 | 5,371.          |
|----|---|----|-----------------|
| 11 | Enler the amount, if any, from Form 2210, line 6  |    |                 |
| 12 | Enter the total amount, if any, of estimated tax payments you made  |    |                 |
| 13 | Add lines 11 and 12   | 13 | 1,048.          |
| 14 | Total underpayment for year. Subtract line 13 from line 10. If zero or less, stop here; you do not owe the penalty. Do not file Form 22:10 unless you checked box E on page 1       | 14 | 4,323.          |
| 15 | Mulliply line 14 by .05258 (use the factor shown in the instructions if you are eligible for Hurricane Katrina reliaf).   | 15 | 227.            |
| 16 | ● If the amount on line 14 was paid on or after 4/15/07, anter -0   |    |                 |
|    | <ul> <li>If the amount on line 14 was paid before 4/15/07, make the following computation to find the amount<br/>to enter on line 16.</li> </ul>                                    |    |                 |
|    | Amount on Number of days peld line 14 x before 4/15/07 x ,00022,  | 16 | 0.              |
| 17 | Penalty, Subtract line 16 from line 15. Enter the result here and on Form 1040, line 77; Form 1040A, line 48; Form 1040NR, line 75; Form 1040NR-EZ, line 27; or Form 1041, line 26. | 17 | 227,            |
|    |   |    | Form 2210 (2006 |

| SCHEDULE A<br>(Form 1040)                           |
|---|
| Department of the Treat<br>Internal Revenue Service |

### **Itemized Deductions**

► Attach to Form 1040.

OMB No. 1545-0074

| Internal Revenue Ser         | rvice | [99] See instructions for Schedule A (Form 1949).  | Sequence No.                       | 07            |
|------------------------------|-------|--|------------------------------------|---------------|
| Name(s) shown on F           | orm 1 | 040  |                                    |               |
| Lew E and                    | Su    | san R Baxter   |                                    |               |
| 2011 2 2112                  |       |  | 6-T 4                              |               |
| Medical                      |       | D 24   | <u> </u>                           |               |
| and<br>Dental                | 1     | Medical and dental expenses (see instructions)   | \$250<br>\$100                     |               |
| Expenses                     | 2     | Enter amount from Form 1040, line 39 2   |                                    |               |
|                              | 3     | Multiply line 2 by 7.5% (.075)   |                                    |               |
|                              | 4     |  | 4                                  | 0,            |
| Texes You                    | 5     | State and local Income taxes 6 2, 205.   |                                    |               |
| Paid                         | 5     | Real estate taxes (see instructions)   |                                    |               |
|                              | 7     | Personal property taxes  |                                    |               |
| (See                         | ,     |  | A)                                 |               |
| instructions.)               | 8     | Other taxes, List type and amount  | 503                                |               |
|                              | _     | 8  | ្ន                                 |               |
| <del></del> -                | 9     | A 1000 C. A 1000 D. A 1111111111111111111111111111111111   |                                    | <u>2,639.</u> |
| Interest                     | 10    | Home mlg interest and points reported to you on Form 1098 See. St. 3 10 8, 293.  |                                    |               |
| You Paid                     | 11    | Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address.   |                                    |               |
|                              |       | from whom you bought the notine, see instructions and snow that person's name,   | <i>.</i> 15                        |               |
|                              |       | identifying number, and address >  | ž l                                |               |
| (See                         |       |  | 3.43                               |               |
| instructions.)               |       |  | 10 m                               |               |
|                              |       |  |                                    |               |
| Note.                        |       | 11   | 1.00 m                             |               |
| Personal                     | 12    | Points not reported to you on Form 1098, See leates for spoi rules   | . A.                               |               |
| interest is                  |       | Investment interest. Attach Form 4952 if required.   | 44                                 |               |
| not<br>deductible.           |       | (See Instra.)  |                                    |               |
| detactions.                  | 1.4   |  | 14                                 | 8,293.        |
| Gifts to                     |       |  |                                    | 0,255.        |
| Charity                      | 13    | Gifts by cash or check. If you made any gift of \$250 or more, see instructions. See . Statement . 4 15 1,630.   | A                                  |               |
| If you made                  |       | more, see usura  |                                    |               |
| a gift and                   | 16    | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if  |                                    |               |
| gol a benefil                |       | more, see instructions. You must attach Form 8283 if   |                                    |               |
| for il, see<br>instructions. |       | over \$500   |                                    |               |
| MISULULIONS.                 | 17    | Carryover from prior year  | 勝利                                 |               |
|                              | 18    | Add lines 15 through 17  | 18                                 | <u>2,030.</u> |
| Casualty and                 |       |  |                                    |               |
| Theft Losses                 | 19    |  | 19                                 | 0,            |
| Job Expenses                 | 20    | Unreimbursed employee expenses — Job travel, union dues,   |                                    |               |
| and Certain<br>Miscellaneous |       | Job education, etc. Altach Form 2106 or 2106-EZ if required. (See instructions.)   |                                    |               |
| Deductions                   |       | required. (See instructions.)  |                                    |               |
|                              |       |  |                                    |               |
|                              |       |  |                                    |               |
|                              | 21    | Tax preparation fees   |                                    |               |
| 00                           | 22    | Other expenses — investment, safe deposit box, etc. List   |                                    |               |
| (See<br>instructions.)       |       | type and amount  |                                    |               |
| (IO) COLOTEDIA               |       | 22   |                                    |               |
|                              | 22    |  | (F)                                |               |
|                              | 23    | Add lines 20 through 22  | <b>掛き</b>                          |               |
|                              | 24    | Enter amount from Form 1040, line 38 24  | \$ <b>\</b>                        |               |
|                              | 25    | Mulliply line 24 by 2% (.02)   | 1,070                              | _             |
|                              | 26    | Subtract line 25 from line 23, If line 25 is more than line 23, enter -0.  | 26                                 | 0.            |
| Other                        | 27    | Other — from list in the instructions, List type and amount >  | <b>支持</b>                          |               |
| Miscelleneous                |       |  |                                    |               |
| Deductions                   |       |  | 27                                 | 0.            |
| Total                        | 28    | Is Form 1040, line 38, over \$150,500 (over \$75,250 if  |                                    |               |
| Itemized                     |       | married filling separately)?   |                                    |               |
| Deductions                   |       | X No. Your deduction is not limited. Add the amounts in the far right column   |                                    |               |
|                              |       |  | 28 1                               | 2,962.        |
|                              |       | Yes. Your deduction may be limited. See instructions for the amount to enter.  | DATE & DESTRUCTOR CO. 1/ Nov. 1/20 | in like i     |
|                              | 29    | If you elect to Remize deductions even through they are less than your standard distriction, check here  |                                    |               |
|                              |       | II AND VIEW IN ANY OF STREET, SALES AND ADDRESS TO THE COMMISSION OF STREET, S |                                    |               |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FD1A0301L 11/07/06

Schedule A (Form 1040) 2006

#### SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545 0074

Department of the Transury (99)

Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

Attach to Form 1046, 1049NR, or 1041. > See instructions for Schedule C (Form 1040).

2006 Allachment Sequence No. 09

| Namo | of proprietor   |                   |                          |                 |  | i Sarial ea     | erreiles mittel | THE PARTY OF THE P |
|------|---|-------------------|--------------------------|-----------------|--|-----------------|-----------------|--|
|      | E Baxter  |                   |                          |                 |  |                 |                 |  |
| Α    | Principal business or profession, including (   | product or se     | evice (see Instructions) |                 |  | Γ.              |                 |  |
|      | Distributor   |                   |                          |                 |  |                 | 4990            |  |
| С    | Businers name. Il no separate business na   | me, lawes tit     | ank.                     |                 |  | ) Empl          | oyer ID nus     | nbor (EIII), II arry   |
| E    | Business address (including suffe or room to<br>City, town or post office, state, and ZIP coo | )o.)►<br>         |                          |                 |  |                 |                 |  |
| F    | Accounting method: (1) X  | Cash (            | Z) Accrual (3            | 0               | Other (specify)                          | _               |                 |  |
| G    | Did you 'materially participate' in   | the opera         | alion of this business   | duri            | ing 2006? If 'No,' see instructions fo   | r limit or      | losses.         | X Yes No   |
| _    | If you started or acquired this but   | siness du         | ring 2006, check her     | <b>a</b>        |  |                 |                 |  |
|      | Income  |                   |                          |                 |  |                 |                 |  |
| -    |   | 16 Media Jane     |                          |                 | - Fee W 2 and the                        |                 |                 |  |
| '    | Gross receipts or sales, Cauton, 'Statutory employee' box on that                             | form was          | checked, see the in      | o you<br>Istruc | tions and check here                     | - X             | 1               | 81,668   |
| 2    |   |                   |                          |                 |  |                 | 2               |  |
| 3    | Subtract line 2 from line 1   | 10000111          | ,                        |                 | ******************                       |                 | 3               | 81,668   |
| 4    |   |                   |                          |                 |  |                 | 4               |  |
|      | _ •   | -                 |                          |                 |  |                 |                 |  |
| 5    |   |                   |                          |                 |  |                 | 5               | 81,668   |
| 6    | Other income, including federal a   | and slate         | gasoline or fuel lax (   | aredi           | l or refund                              |                 | 6               |  |
|      |   |                   |                          |                 |  |                 |                 |  |
| 7    | Gross Income. Add Ilnes 5 and 6   | <u>,,,,,,,,</u>   | .,,                      |                 |  | <u></u>         | 7               | 81,668   |
| Par  | Expenses, Enter exp   | enses for         |                          | _               |  |                 |                 |  |
| 8    | Advertising   | 8                 | 73.                      |                 | Office expense                           | • • • • • • • • | 18              | 17   |
| 9    | Car and truck expenses  |                   |                          |                 | Pension and profit-sharing plans         |                 | 19              |  |
|      | (see Instructions)  | 9                 | 7,040.                   | 1               | Rent or lease (see instructions):        |                 |                 |  |
| 10   | Commissions and fees  | 10                |                          | 1               | Vehicles, machinery, and equipme         |                 | 20a             |  |
| 11   | Contract labor  |                   |                          |                 | Other business property                  |                 | 20b             | o hat  |
|      | (see instructions)  |                   |                          | 4               | Repairs and maintenance                  |                 | 21              | 2,535  |
|      | Deplation   | 12                |                          | 1               | Supplies (not included in Part III)      |                 | 22              | 333  |
| 13   | Depreciation and section<br>179 expense deduction   |                   |                          |                 | Taxes and licenses                       |                 | 23              |  |
|      | (not included in Part III)  |                   |                          | 1               | Travel, meals, and entertainment:        |                 | 24=             |  |
|      | (see instructions)  | 13                |                          | ۱ ۱             | Travel                                   |                 | 248             |  |
| 14   | Employee benefit programs   | 1                 | ·                        |                 | - Deductible meets and entertainme       | . ml            | 24b             | 491  |
|      | (other than on line 19)   | 14                | 2 755                    | •               | b Deductible meats and entertainme       |                 | 25              | 771  |
|      | Insurance (other than health)   | 15<br>7.2         | 3,266.                   | •               | Wages (less employment credits)          |                 | 26              |  |
|      | Interest:   | 16a               | 2,809.                   |                 |  |                 | 27              | 17,776   |
|      | Mortgage (paid to benks, etc)   | 16b               | 2,003.                   | 2               | Ottal Expenses (troin into 40 or bein ey |                 | Vicinity in     |  |
|      | Legal & projessional services   | 17                |                          | 1               |  |                 |                 |  |
|      |   |                   | age use of home Ar       | id lin          | es 8 through 27 in columns               |                 | 28              | 34.340   |
|      | 14th exhetises colors exhaust   | ICT DUMN          | ess ase of florida in    |                 |  |                 | -               |  |
| 29   | Tentative profit (loss). Subtract I   | ine 28 tm         | m line 7                 |                 |  |                 | 29              | 47,328   |
| 30   | Expenses for business use of yo   |                   |                          |                 |  |                 | 30              |  |
|      | Net profit or (loss). Subtract line   |                   |                          |                 |  |                 |                 |  |
| •    | • If a profit, enter on both Form   | 1040. fine        | 12, and Schedule S       | SE. III         | ne 2 or on Form                          |                 | 1 1             |  |
|      | 1040NR, line 13 (statutory emplo  | yaes, see         | instructions). Estat     | <b>89</b> EU    | nd trusts, enter on                      |                 | 31              | 47, 328  |
|      | Form 1041, line 3.  | 30                |                          |                 | h  | ••              | 31              | 31,320   |
|      | ■ If a loss, you must go to line ?  |                   | adhaa sasa faraasi       | n.e.l. 7-       |  |                 |                 |  |
| 32   | If you have a loss, check the bo  |                   | •                        |                 |  | $\neg$          |                 |  |
|      | • If you checked 32a, enter the   | loss on b         | oth Form 1040, line 1    | 12, 6           | nd Schedule SE, line 2, or on Form       | ,               | 32 a [          | All investment is at risk.   |
|      | INTUME IS (STATULOTY SIMPLE   | yees, <b>se</b> e | instructions). Estat     | 55 <b>(1</b> )  | nd trusts, enter on Form 1041, line      | "  -            | ;=== L          | _  |
|      | a the shaded the same   | niinet P-         | 6100 V I                 | -               | he fimiled                               |                 | 32 ь Г          | Some investment is not at risk.  |
|      | <ul> <li>If you checked 32b, you must</li> </ul>  | BURGO PC          | 71110130. TOUT 1029 I    | ниу             | DO MINUS.                                |                 | JE 13           | is not at Har-   |

BAA For Paperwork Reduction Act Notice, see Form 1949 Instructions.

Schedule C (Form 1040) 2006

|    |      | dule C (Form 1040) 2006 Lew E Baxter  |                   |                         | Page 2      |
|----|------|---|-------------------|-------------------------|-------------|
|    | -    | Cost of Goods Sold (see instructions)   |                   |                         |             |
| S. | 33   | Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach   | explan            | alion)                  |             |
|    | 34   | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If 'Yes,' attach explanation  |                   | Yes                     | No          |
|    | 35   | Inventory at beginning of year. If different from last year's closing inventory, attach explanation   | 35                | _                       |             |
|    | 36   | Purchases less cost of Items withdrawn for personal use   | 36                |                         |             |
|    | 37   | Cost of labor, Do not include any amounts paid to yourself,   | 37                |                         |             |
|    | 38   | Materials and supplies  | 38                |                         |             |
|    | 39   | Other costs.  | 39                |                         |             |
|    | 40   | Add lines 35 through 39.  | 40                |                         |             |
|    | 41   | Inventory at end of year  | 41                |                         |             |
|    |      | Cost of goods sold, Subtract line 41 from line 40. Enter the result here and on page 1, line 4  |                   |                         |             |
|    | Păi  | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for fine 13 to find out if you must file                                       | s on li<br>Form 4 | ne 9 and are r<br>1562, | iot         |
|    | 44   | When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle business  b Commuting (see instructions) |                   |                         |             |
|    | 45   | Do you (or your spouse) have another vehicle available for personal use?  |                   | Yes                     | No          |
| )  | 46   | Was your vehicle available for personal use during off-duty hours?  | • • • • • •       | Yes                     | No          |
|    | 47 z | Do you have evidence to support your deduction?   |                   | Yes                     | No          |
|    | ŀ    | ) if 'Yes,' is the evidence written?  |                   | Tyes                    | No          |
|    |      | Other Expenses, List below business expenses not included on lines 8-26 or line 30.   |                   | 1. 1.                   |             |
|    |      |   |                   |                         |             |
|    | See  | Statement 6   |                   |                         |             |
|    |      |   |                   |                         |             |
|    |      |   |                   |                         |             |
|    |      | ·   |                   |                         |             |
|    |      |   |                   |                         |             |
|    |      |   |                   |                         |             |
|    |      |   |                   | -                       | <del></del> |
|    |      |   |                   |                         |             |
|    |      |   |                   |                         |             |
|    | 48   | Total other expenses. Enter here and on page 1, line 27   | 48                | 1                       | 7,776.      |
|    |      |   |                   | ula C (Form 1           |             |

#### SCHEDULE SE (Form 1040)

### Self-Employment Tax

OMB No. 1545-0074 2006

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Attachment Sequence No. 17

Name of person with self-employment Income (as shown on Form 1040) Lew E Baxter

Social security number of person with self-employment income >

#### Who Must File Schedule SE

You must file Schedule SE if:

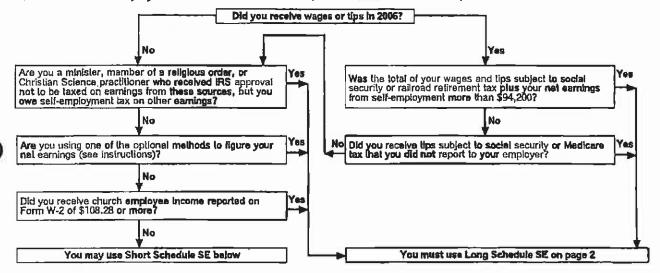
- You had nel earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more. Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note. Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt — Form 4361' on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?
Note, Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.

Section A - Short Schedule SE, Caution, Read above to see if you can use Short Schedule SE.



#### Nel farm profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A... 2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report....... 3,548, 3 3,548. 3 Combine lines 1 and 2...... Net earnings from self-employment. Multiply line 3 by 92.35% (,9235). If less than \$400, do not file 3,277. this schedule; you do not owe self-employment tax...... Self-employment tax. If the amount on line 4 is: \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58. 501 5 More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.

BAA For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule SE (Form 1040) 2006

6

414

| 2006   | Federal Statements                     | Page 2   |
|--|--|--|
|  | Lew E and Susan R Baxter               |  |
|  |  |  |
| Statement <b>6</b> - Distributor (continued)<br>Schedule C, Part V<br>Other Expenses |  |  |
| Relief Driver<br>Telephone   | ************************************** | 28,<br>447,<br>1,809,<br>180,<br>1,352,<br>17,776. |
|  |  |  |
| ·  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | 2                                      |  |
|  |  |  |

| 40 Individ  | Retur     | ROME 2006 INTERNAL WILLIAM HINDER STATE OF THE STATE OF T |   |              |                           |                |
|---|-----------|--|---|--------------|---------------------------|----------------|
| For the year Jun 1 - De                                       |           |  |   |              |                           |                |
|   |           |  |   |              |                           | Ш              |
| • Lew E   |           |  |   |              |                           |                |
| Spouse's first nar  |           | Initial Last forms   |   |              |                           |                |
| • Susan   | к в       | O. Box number)   |   |              |                           |                |
| Deatsy  | <br>ri 11 | State ZIP Code   |   |              |                           |                |
| Filing Status   | 1         | •\$1,500 Single  |   |              |                           | _              |
| and<br>Exemptions   | 2         | • X \$3,000 Married tiling foint return (even if only one spouse had income)   | 5 Name 4                                  |              |                           |                |
| Chack only  | 3         | \$1,500 Married filling separate return. Complete line 5 with spouse's name and S  |   | `            | <del></del>               |                |
|   | <u>4</u>  | <ul> <li>\$3,000 Head of family (with qualifying person). (See instructions.) Complete line</li> <li>Wages, salaries, tips, etc (list each employer and address separately).</li> </ul> A — Ala  | s 5. Relationship<br>hama tax withheld    |              | B - Income                |                |
| •   | •         | Inc 6a   | 891 00                                    | 6 a          | 28, 623                   | 00             |
|   |           |  | 00  | 6b           |                           | 00             |
| Income  | -         |  | 00  | 6c           |                           | 00             |
| end   | _ d       | 6d ◆   | [00]                                      | 6d           |                           | 00             |
| Adjustments   | 7<br>8    | Interest and dividend income (also attach Schedule B if over \$1,500)  |   | 7 •          |                           |                |
|   | 9         | Other Income (from page 2, Part I, line 9)   |   | 9 6          | 79,499                    | <del>5</del> 0 |
|   | 10        | Total adjustments to Income (from page 2, Part II, line 8)   |   | 10           | 2,117                     |                |
|   | 11        | Adjusted gross income. Subtract line 10 from line 9  |   | 11 •         | 77,382                    | 00             |
| Deductions  | 12        |  | r b MUST be checked                       |              |                           |                |
| You Must<br>Attach page 2                                     |           | Check bux b, d you do not literable districtions, and order standard detection from instr.)  12 X Neumband Deductions . 9 b Standard Deductions . 12   | 16,543 00                                 |              |                           |                |
| Attach page 2<br>of Federal<br>Form 1040,                     | - 13      | a X itemized Deductions . b Standard Deduction, 12 • Federal tax deduction (see Instructions)  | 10,343,00                                 | - 1          |                           |                |
| 1040A, Federal  | 13        | DO NOT ENTER FEDERAL TAX WITHHELD FROM YOUR FORM W-2(5) 13   | 6, 386 00                                 |              |                           |                |
| Form 1040NR,<br>or page 1 of<br>1040EZ, II                    | 14        | Personal exemption (from line 1, 2, 3, or 4)   | 3,00000                                   |              |                           |                |
| claming <b>a</b>  | 15        | Dependent exemption (from page 2, Pert III, line 2) 15   | 300 00                                    |              |                           |                |
| deduction on<br>fine 13.                                      | 16        | Total deductions. Add lines 12, 13, 14, and 15.  | *********                                 | 16           | 26,229                    |                |
|   | 17        | Taxable Income. Subtract line 16 from line 11  |   | 17 •         | 51,153                    | 00             |
|   | 18        | Income Tax due. Enter here and check if from • Form NOL-85   |   | 18           |                           |                |
| _   | 19        | Less credits from: • Schedule CR and/or • Schedule CC  Net tax due Alabama. Subtract line 19 from line 18  |   | 19 4<br>20 a |                           | 00             |
| Tex<br>Do Mol Steple  |           | Consumer Use Tax (use worksheet in the instructions)   |   | 20b          |                           | 00             |
| Do Not Steple<br>Form(s) W-2,<br>W-26, 1983<br>gradior 407 to | 21        | Alabanza Election Cempalgn Fund, You may make a voluntary contribution to the follo  | paring:                                   |              |                           | -              |
| endor 40V to<br>this form.                                    |           |  |   | 21 a         |                           | 00             |
|   | b         | Alabama Republican Party   \$1   \$2   X none  |   | 21 b         |                           | 00             |
|   | 22        | Total tax liability and voluntary contribution. Add lines 20a, 20b, 21a  |   | 22           | 2,478                     | 00             |
|   | 23        | Alabama income tax withheld (from Forms W-2, W-2G, and/or 1099). 23  | 891 00                                    |              |                           |                |
| Payments  | 24        | Amount paid with extension (attach Form 4868A) 24  2006 estimated tax payments (see instructions) 25   | 00  |              |                           |                |
|   | 25<br>25  | 2006 estimated tax payments (see instructions) 25   Total payments. Add lines 23 through 25  |   | 26           | 891                       | on             |
|   | 27        | If time 22 is larger than line 25, subtract line 26 from line 22, and enter AMOUNT YOU   | OWE.                                      |              |                           | ۳              |
| AMOUNT<br>YOU OWE   |           | Place payment, along with Form 40V, loose in mailing envelope. (FORM 40V MUST AC   |   | 27           | 1,746.                    | 00             |
|   | 28        | Estimated tax penalty. Also include on line 27 (see instructions) 28   | 159 00                                    |              |                           |                |
| OVERPAID  | 29        | If line 26 is larger than line 22, subtract line 22 from line 26, & enter  |   | 29           |                           | 00             |
| OTENI AD  | 30        | Amount of line 29 to be applied to your 2007 estimated tax   | 00  |              |                           | Į .            |
| Donation<br>Check-offs  | 31        | Total Donation Check-offs from Schedule DC, line 2 31 •  | 100                                       | 32           | •                         | 00             |
| REFUND  | 32<br>33  | Total. Add line 30 and line 31   | ····                                      | 32           | <u> </u>                  | 100            |
| REFUND  | - •       | The board Harmon San Con Car Direct Donnel about here and accordance   | Part V, Page 2                            | 33           | •                         | 00             |
|   |           | Singlest time at from time 29. For threat belook, threak new and complete from addressed envelope came with your return, please use it and follone, mail your return to one of the addresses below.  | ow the instructions on t                  | e env        | elope. If you do not have | B              |
|   | 1         | one, mail your return to one of the addresses below.<br>If you are not maiking a payment, mail your return to: If you are n  | raking a payment, mail your :             | return. I    | Form 40V, and payment to: |                |
| WHERE   |           | Alabama Department of Revenue Alaba  | ma Department of Reve                     |              |                           |                |
| TO FILE 1   | -         | P.O. Box 154 P.O. I<br>Montgomery, Alabama 36135-0001 Montg  | Box 2401<br>g <b>omery, Alabama 36140</b> | -0001        |                           |                |
| LOKIII 40   |           | dall only your 2006 Form 40 to one of the above addresses. Prior ves   | r returns, amendad retu                   | irns. al     | nd all other              |                |
| Tako non  |           | correspondence should be mailed to Alabama Department of Revenue   | 9, F.O. BOX 32/404, MOD                   | ugome        |                           | M 32           |

# 

| FORM 40 (200                     | 6)          | Lew E and Susan R Baxter   |                            |  |   |  | PAG                                       | E 2    |
|----------------------------------|-------------|--|----------------------------|--|---|--|---|--------|
|                                  |             | Alimony received   |                            |  |   | 1 1 1  | -   | 00     |
| <u> Manadan</u>                  | 2           |  |                            |  |   | 2  | • 47,328                                  | 00     |
|                                  | 3           | Gain or (loss) from sale of Real Estate, Stoc  |                            |  |   |  |   | 00     |
| Other                            | 4           | Yotal IRA distributions 4a   |                            | DTaxable garount &                       |   | 4b   |   | 00     |
| Income                           |             | a Total pansinna & annuities . 5a .  |                            | bTerabis amount (                        |   | 5b   |   | 00     |
| (3ae<br>Instructions)            | 6           | Rents, royalties, partnerships, estates, trusts  |                            |  |   | 6  |   | 00     |
|                                  | 7           | Farm income or (loss) (attach Federal School   |                            |  |   | -  |   | 00     |
|                                  | 8           | Other Jacome (state nature and source - see instruction  |                            |  |   | _  | -   | _      |
|                                  | _           | See Statement 1  |                            |  |   |  | • 3,548                                   | 00     |
|                                  | 9           | Total other income. Add lines 1 through 8. E   | nter here and also         | o on page 1. lin                         | o 8                                     | 9  | • 50,876                                  |        |
| PARTIL                           |             | Your IRA deduction   |                            |  |   | 1a   |   | 00     |
| 3.00.00.00.00.00.00              |             | Spouse's IRA deduction   |                            |  |   | 16   |   | 00     |
|                                  |             | Payments to a Keogh retirement plan and se   |                            |  |   | 2  |   | 00     |
| N -211 A                         | 3           | Penalty on early withdrawal of savings   |                            |  |   | 3  | •   | 00     |
| Adjust-<br>nents                 | 4           | Alimony paid. Recipient's last name  |                            | SSN •                                    |   |  |   |        |
| o Income                         |             | Address  |                            |  |   | 4  | •   | 00     |
| ses<br>nstructions)              | 5           | Adoption expenses  |                            |  |   | 5  | •   | 00     |
|                                  | 6           | Moving Exponent (all Federal Form 3903) to City  |                            |  |   | 6  | •   | 00     |
|                                  | 7           | Self-employed health insurance deduction   |                            |  |   | 7  | • 2,117                                   | 00     |
|                                  | 8           | Total adjustments, Add lines 1 through 7. Enter here an  |                            |  |   | 8  | • 2,117                                   |        |
| PARTIN                           | 1           | a Dependents:  |                            |  |   | -  | (4) (M you provide                        |        |
| e-graphsma.                      | '           | (1) First mores Last regul   |                            |  | 3) Dependent's<br>lationship to you.    |  | nare than one-half<br>epandent's aupport? |        |
| ependents                        |             | •  | ,                          | ·  | _                                       | <u> </u>   | Yes                                       |        |
| ebeurous                         |             | -  |                            |  | <del>-</del>                            | <del>                                     </del> |   |        |
| o not include of source of       |             | -  | (a                         | 1  | _                                       | _  |   |        |
| ont shonse                       |             |  | •                          |  |   |  |   | $\neg$ |
| laus<br>Psiructions)             | 1           | Total number of dependents claimed above.  |                            |  |   |  | •   | 1      |
| servections)                     |             | Amount allowed. (Multiply \$300 by the total   |                            |  |   |  |   |        |
|                                  |             | Enter amount here and on page 1, line 15   |                            |  |   | 2  | • 300                                     | 00     |
| PARTIV                           | 1           | Residency X Full Year If you w   | <b>rere a</b> part-year re | esident of AL du                         | uring 2006, inc                         | icate  | your period of residence:                 |        |
|                                  |             | Check only one box • Part Year From  |                            | 2006 throug                              | th                                      |  | 2006. Total months                        |        |
| General                          | 2           |  | or the year 2005?          | X Yes                                    | No                                      |  |   |        |
| nformation                       | 3           | If no, state reason.   |                            |  |   |  |   |        |
|                                  | 4           | Give name and address of present employee  | r(e)·                      |  |   |  |   |        |
|                                  |             | Yours  |                            |  |   |  |   |        |
| A)I                              |             | Your spuise's  |                            |  |   |  |   |        |
| афвует                           | 5           | Enter the Faderal Adjusted Gross Income • Ş  | 77,131.                    | and Fede                                 | eral Texable l                          | псотне   | •\$ <u>54,269.</u>                        |        |
| lušt<br>Samulata                 |             | as reported on your 2006 Federal Individual  | Income Tax Retur           | m.                                       |   |  |   |        |
| Complete<br>This                 | 6           |  | itum, but not reported     | on your AL return (                      | alher than your st                      | ו אשל פלוב                                       | nofund)2∐Yes XIN                          | Q      |
| Section                          |             | If yes, enter source(s) and amount(s) below  | : (other then state        | income tax rei                           |   |  |   |        |
|                                  |             | Source   |                            |  |   | nount  |   | 00     |
|                                  |             | Source   |                            | F  |   | ount   | •   | 00     |
|                                  | 7           | Do you have income included in this return to  | rom a grantor tru:         | st? Ye                                   | s X No                                  |  |   |        |
| PARTY                            |             | For Direct Deposit of your rafund, complete  | 1, 2, and 3 below          |  |   |  | ality.)                                   |        |
| Direct                           | 1           | Rouling Number:  | 2 Туг                      | oe: Checkl                               | lng 🔲 Sa                                | vings  |   |        |
| Deposit                          | 3           | Account Number:  |                            |  |   |  |   |        |
|                                  |             | X I authorize a representative of the Depar  | riment of Revenue          | to discuss my                            | return and at                           | tachm  | ents with my preparer.                    |        |
| Sign                             | 1           | inder penalties of perjury, I declare that I have exemined the true, correct, and complete. Declaration of preparer (other   | is return and accompar     | nying schedules and                      | sistements, and t                       | in the be  | est of my knowledge and belief, the       | #y     |
| Here                             |             | are (rue, correct, and demphete. December to preparer toin:<br>Four signalum   | Date                       | Daytime telephone                        |   |  | combine                                   |        |
| Year a court of                  | -           | Off editoria   | Copie                      |  |   |  | ributor                                   |        |
| Keep & cupy of<br>hrs return for | 7           | Spouse's Signature (if joint ratum, BOTH must sign)  | Date                       | Daytime telephone                        |   |  | s occupation                              |        |
| gur records.                     | <b>&gt;</b> | shares a sufficient of the following and a sufficient of the suffi |                            |  |   |  | utive Assistant                           |        |
|                                  |             | Praperer's signature   |                            | Date                                     |   |  | Preparer's SSN or PTIN                    |        |
|                                  | •           | •  |                            |  | Check If self-employed                  | X ·  |   |        |
| Paid                             | *           | mm's name (or yours if self-employed)  |                            | A. A. A. A. A. A. A. A. A. A. A. A. A. A | 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - | <u></u> _  |   |        |
| Preparer's                       |             | Frank V. Jones, CPA  |                            |  |   |  |   |        |
| Use Only                         | <b>&gt;</b> |  |                            |  |   |  | ZIP Code                                  |        |
|                                  |             |  |                            |  |   |  | 36801                                     |        |
|                                  | _           | •  | ALIA0112L ITAB             | 706                                      |   |  | P   | \L32   |
|                                  |             |  |                            |  |   |  |   |        |

Mail payment along with Form 40V to: Alabama Department of Revenue P. O. Box 2401 Montgomery, AL 36140-0001

| FORM 2006                |  |                          |   |
|--------------------------|--|--------------------------|---|
| 11 \$                    | A DEPARTMENT OF REVENUE  ncome Tax Payment Voucher |                          |   |
| _ N Tax Type: II         | ,  |                          |   |
| Tax Period: 12-31-20     | 06   |                          |   |
| Primary Taxpayer SSI     |  |                          |   |
| E Spouse SSN:            |  | <b>~</b>                 |   |
| o Y Tax Form (mark only  | one): • X 40 • 40A • 40NR •                        | E40 DO NOT SUBMIT FORM 4 | GV IF PAYMENT WAS MADE<br>IR CREDIT CARD. |
| " 8 Williagur pige: A ." | 1,772.   | BT E-Check o             | N CREDIT CARD.                            |
| PRIMARY TAXPAYERS FULL   | T NAME SPOUSE'S FIRST NAME                         | LAST NAME                |   |
| ÅŶ • Lew E               | Susan R  | <u>Baxter</u>            |   |
| N MAILING ADDRESS        |  |                          |   |
| T H<br>H<br>Is           | , <u>.</u>   | STATE ZIP                | DAYTIME TELEPHONE NUMBER                  |
| *                        | ALIA1501   | . 09/15/06               | ALBO                                      |

SCHEDULES A, B, CR, & DC (FORM 40)



# ALABAMA DEPARTMENT OF REVENUE • Schedule A — Itemized Deductions 2006

(Schedules B, CR and DC are on page 2)
ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

| The itemized de                  | dad     | an R Baxter ons you may claim for the year 2006 are similar to the item  | ized (    | deductions claimed on your | rea  | eral rowing | ·               |     |
|----------------------------------|---------|--|-----------|----------------------------|------|-------------|-----------------|-----|
| amounts may di                   | ffer. I | Please see instructions before completing this schedule. Particle is the property of the prope | ARȚ-1     | YEAR RESIDENTS: A reside   | nt c | amadalA 1   | for only a part |     |
| 9, 2,0 ) 22, 0,102               |         | CAUTION: Do not include expenses rainbursed or paid by others.   |           |                            |      |             |                 |     |
|                                  | 1       | Medical and dental expenses  | 1         | 00                         |      |             |                 |     |
| Medical and<br>Dental            |         | Enter amount from  | · · · · · |                            |      |             |                 |     |
| Expenses                         |         | Form 40, line 11 2 00  |           |                            |      |             |                 |     |
| (See instructions)               |         | Multiply the amount on line 2 by 4% (.04). Enter the result,   | 3_        | 00                         |      |             |                 |     |
|                                  | 4       | Subtract line 3 from line 1. Enter the result, if zero or less   |           |                            | 4    | •           | 0               | 00  |
|                                  |         | Real estate taxes  | 5         | 434 00                     |      |             | 4               |     |
|                                  | 6       | FICA Tax (Social Security & Medicare) and Federal Self-Employment Tax  | 6         | 5,786 00                   |      |             |                 |     |
| Taxes You<br>Paid                | 7       | Railroad Retirement (Tier 1 only)  | 7         | 00                         |      | <b>[</b>    |                 |     |
| (See energicisons)               | В       | Other taxes. (List — include personal property taxes.)   |           |                            |      |             |                 |     |
|                                  | -       |  | 8         | 00                         |      |             |                 |     |
|                                  |         | Add the amounts on lines 5 through 8. Enter the lotal here   |           |                            | 9    | •           | 6,220           | 00  |
|                                  |         | Home mortgage interest & points reported to you on Federal Form 1098.  | 10a       | 8,293 00                   |      |             |                 |     |
| Interest You<br>Paid             |         | Statement 2  |           |                            |      |             |                 |     |
| (See Instructions)               | Ь       | Home mortgage int not reported to you on Fed Form 1088. (It paid to an   |           |                            |      |             |                 |     |
|                                  |         | individual, show that person's name & addr.) >   | ł         |                            |      | \           |                 |     |
| NATE.                            |         |  | l         |                            |      |             | l               |     |
| NOTE:<br>Personal                |         |  | 101       |                            | ,    | ļ           |                 |     |
| interest                         |         | Points not reported to you out Form 1098   |           | 00                         |      |             | I               |     |
| rs nol<br>deductible.            |         | Investment Interest (Altach Form 4952A)  |           | 00                         | 1    |             | 0.000           |     |
|                                  | 13      | Add the amounts on lines 10a through 12. Enter the total CAUTION: If you made a charitable contribution and  | here.     |                            | 13   | -           | 8,293           | UU  |
|                                  |         | received a benefit in return, see instructions.  |           |                            |      |             |                 | ì   |
| Gifts to                         | 14      | Contributions by cash or check. See . Statement .3   | 14        | 1,630 00                   | ١    |             |                 |     |
| (See Instructions)               | 15      | Other than each or check. (You MUST att Fed Form 8283 if over \$500.).   | 15        | 400 00                     |      |             |                 |     |
| (come and transition)            | 16      |  |           | 00                         | 4    | 1           |                 |     |
|                                  |         | Add the amounts on lines 14 through 16. Enter the total here.  |           |                            | 17   |             | 2,030           | 00  |
|                                  |         | Enter the amount from Federal Form 4684, line 16 (See Instructions)  | 18 3      |                            | -    | †           |                 |     |
| Casualty and                     |         | Enter 10% of your adjusted gross income (Form 40, Kine 11)   | 181       |                            | 4    | 1           |                 |     |
| Theft Loss<br>(Attach Form 4684) |         | Subtract line 18b from line 18a. If zero or less, enter -0   |           |                            | 18   | •           | 0               | 00  |
|                                  |         | Unreimbursed employee expenses — job travel, union dues, job   | 1         |                            | ۳    | 1           |                 | -   |
|                                  | 13      | education, etc (You MFUST attach Federal Form 2106 if required.  | l         |                            | ١.   |             |                 |     |
|                                  |         | See instructions.)   |           |                            | l    |             |                 |     |
|                                  |         | Con litali drivelari   | 1         |                            | l    |             |                 | ١   |
| Job Expenses                     |         |  | 19        | l loc                      | ı    |             |                 | 1   |
| and Most<br>Other                | 20      | Other expenses (investment, lex preparation, safe deposit box, etc).   | 1.5       |                            | 1    | 1           |                 |     |
| Miscellaneous                    | 20      | List type and amount >   |           |                            | 1    |             |                 | Į   |
| Deductions<br>(See instructions) |         | FD4 (the gast sellential .   | 20        | loo                        | ı    |             |                 | ı   |
| (000 000 000 000                 | 21      | Add the amounts on lines 19 and 20. Enter the total  | 21        | 00                         | 4    |             |                 | ı   |
|                                  |         | Multiply the amount on Form 40, line 11 by 2% (.02).   | -         |                            | 1    |             |                 | ì   |
|                                  |         | Enter the result here  | 22        | 00                         | 1    | 1           |                 | l   |
|                                  | 23      | Subtract line 22 from line 21. Enter the result, if zero or le   | 85S, 8    | nter -0                    | 25   | 9           | 0               | 00  |
|                                  | 24      | Other (from list in instructions). List type and amount  |           |                            |      |             |                 | ı   |
|                                  |         |  |           |                            | }    |             |                 | ı   |
| Other<br>Miscellaneous           |         |  |           |                            | ]    |             |                 | 1   |
| Deductions                       |         |  |           |                            |      |             |                 |     |
|                                  |         |  |           |                            | 24   | 1 •         | _0              | Joo |
| Qualified Long-                  |         | CAUTION: Do not include medical premiums.  |           |                            | Γ    |             |                 | Γ   |
| Term Care ins<br>Premiums        | 25      | Enter amount here  |           |                            | 25   | 5 0         | ٥               | loc |
|                                  |         | Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 2  |           |                            | Ť    |             |                 | 1   |
| Total Itemized                   | 25      | enter on Form 40, page 1, line 12  | ار م      | ust mus kordinisis, ilisti | 26   | 5 <b>.</b>  | 16,543          | 00  |
| P-202-04016                      |         | When ett s nittt ant heilin at une services services   |           |                            |      |             | A A (Form 40)   |     |

ALIA0201L 10/13/05

FBO007186

**FORM** 2210AL



2006

#### ALABAMA DEPARTMENT OF REVENUE **Estimated Tax Penalties for Individuals** SEE SEPARATE INSTRUCTIONS . ATTACH TO FORM 40 OR FORM 40NR

Name(s) as shown on tax return

Lew E and Susan R Baxter

If all of the following apply, complete Part I only. If A, B and C apply, but D does not, skip Part I and complete Part II. Under no circumstances will you be subject to both penalties

- A You had income other than wages or salaries in excess of \$3,750.00 for taxpayers filling joint returns, or \$1,875.00 for single taxpayers (including head of family or merried filing separately);
- The amount of tax you owe (line 27 of Form 40 or line 26 of Form 40NF) without regard to any payments made with extension exceeds \$100.00; and

|   | C    | You did not pay in through withholding or estimated tax payments either 100% of your previous year's tax liability; and   | ability  | or 90% of your current  |       |
|---|------|---|----------|-------------------------|-------|
|   | D    | You did not make any quarierly estimated tax payments for 2006.   |          |                         |       |
| Ī | Αį   | Y NET ESTIMATED TAX PENANTY   | 11.28    |                         | أعلتم |
|   | 1    | Enter your 2006 net tax due after credits (line 20s of Form 40 or line 21 of Form 40NR)   | 1        | 2,478                   | 00    |
|   | 2    | Enter the nat tax due as shown on your 2005 return (line 20e of Form 40 or line 21 of Form 40NR)  | 2        | 2,158                   |       |
|   | 3    | Enter all Alabama income tax withheld for 2006. If line 3 is greater than or equal to line 2, STOP, you do not owe the penalty.   | 3        | 891                     |       |
|   | 4    | Total underpayment for the year. Subtract line 3 from line 1. If zero or less, stop here, you do not owe this penalty.  | 4        | 1,587                   | 00    |
|   |      | if the amount on line 4 is less than \$500,00, enter \$50.00, if not, multiply the amount on line 4 by 10% (.10) and enter the result here and on line 28 of Form 40 or line 27 of Form 40NR. This is your estimated tax penalty. | 5        | 159                     | 00    |
| 1 | 2AI  |   |          |                         | art.  |
| 3 | Sect | on A — Required Annual Payment. Complete this section if you made estimated tax payments for 2006 and the tax due on your 2   | 1906 rel | turn exceeded \$100,00, |       |
|   |      |   |          |                         |       |
| ١ |      | Enter your 2006 net lax due efter credits from line 20a of Form 40 or line 21 of Form 40NR  | 1        |                         | 00    |
| , |      | telutury and 1 by 50% (50).   |          |                         |       |
|   | 3    | Enter the net tax due as shown on your 2005 return (line 20a of Form 40 or line 21 of Form 40NR)  |          |                         |       |
|   | 4    | Alabama income Tax Withhald for 2006. Do not include any estimated lax payments on this line  |          |                         |       |
|   |      | Estimated taxes paid for 2006   |          |                         |       |
|   | 6    | Add lines 4 and 5. Enter result here 6   00    If line 6 is greater than or equal to lines 2 or 3, STOP HERE, you do not owe this penalty.  DO NOT FILE Form 2210AL.  |          |                         |       |
|   | 7    | Subtract line 4 from line 1. This is your Required Annual Payment. If less than \$100.00, stop here; do not complete or file this form. You do not owe the penalty.   | 7_       | <u> </u>                | 00    |
| 1 | Sect | on B — Short Method. If your income varied during the year, you may want to calculate this penalty using the Quarterly Mulhod on  | age 2    | of this form.           | _     |
|   | 8    | Required Annual Payment for 2006 (from line 7, Part II above)   | 8        |                         | 00    |
|   | 9    | Estimated taxes paid for 2006 (from fine 5, Part II above)  |          |                         | 1     |
|   | 10   | Total underpayment for year. Subtract line 9 from line 8. If zero or less, stop here; you do not owe the penalty  | 10       |                         | 00    |
|   | 11   | Mulliply line 10 by .06   | 11       |                         | 00    |
|   |      | • If the amount on line 10 was paid on or after 4/15/07, enter -0   |          |                         |       |
|   |      | <ul> <li>If the amount on tine 10 was paid before 4/15/07, make the following computation to find the amount<br/>to enter on tine 12.</li> </ul>  |          |                         |       |
|   |      | Amount on Number of days paid line 10 X before 4/15/07 X ,00016   | 12       | 0                       | 00    |
| ) | 13   | Penalty, Subtract line 12 from line 11. Enter the result here and on line 28 of Form 40 or line 27 of Form 40NR.  | 13       |                         | 00    |

, ALIA9612L 12/07/06

AL30 Form 2210AL (2006)

| SCH             | EDULE C   |  | F   | rofit or Los                            | is F           | rom Business  |             |               | OMB No. 1545-0074               |
|-----------------|---|--|---|---|----------------|---|-------------|---------------|---------------------------------|
| (Form           | 1040)   | Revi <b>sed</b>                                  | for Als                                       | (Sole I                                 | orop           | rietorship)   |             |               | 2006                            |
| Depart          | ment of the Treesury con  |  | - Parlners                                    | rins, ioint venture                     | s, et          | c, must file Form 1065 or 1065-B.<br>See Instructions for Schedule C (For   | 1046\       |               | Heatmant                        |
|                 | Revenue Service (99)<br>of proprietor                           | Attachio   | PORTE TO 4D,                                  | TUHUNK, OF THAT,                        |                | see instructions for Schedule C (1 of                                       | 10107       |               | Sequence No. 09                 |
| 78 ·            | E Baxter  |  |   |   |                |   |             |               |                                 |
|                 | Principal business or profes                                    | sion, including pro                              | nduct or service                              | a (see instructions)                    |                |   | p rum       | COUR NOW      |                                 |
|                 | Distributor   | _  |   |   |                |   | ► 42·       | 4990          |                                 |
| C               | Business name, il no separ                                      | ala busmura name                                 | e, leava biank                                |   |                |   | D Empl      | oyar ID Hu    | nber (EIK), if any              |
| E               | Business address (including<br>City, form or post office, sta   | state or room no.                                | ·>  |   |                |   |             |               |                                 |
|                 | Accounting method:  | (1) X C  | esh (Z)                                       | Accrual (3                              | n 1            | Other (specify) >   |             |               |                                 |
| g.              | Did you 'materially or  | erticipale' in U                                 | ra operatio                                   | n of this business                      | duri           | ing 2006? If 'No,' see instructions for                                     | Ilmit on    | losses.       | X Yes No                        |
|                 |   |  |   |   |                |   |             |               |                                 |
| Parl            |   |  |   |   |                |   |             |               |                                 |
| 1               | Gross receipts or sal   | es. Caution, I                                   | f this incom                                  | ne was reported to                      | D V01          | on Form W-2 and the   |             |               |                                 |
|                 | 'Statutory employee'  | box on that fo                                   | orm was ch                                    | ecked, see the in                       | struc          | clions and check here   |             | 1             | 81,668.                         |
| 2               |   |  |   |   |                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                     |             | 2             |                                 |
| 3               |   |  |   |   |                |   |             | 3             | 81,668.                         |
| 4               | Cost of goods sold (f   | irom Ilne 42 oı                                  | n page 2)                                     | ************                            | ••••           |   |             | 4             |                                 |
| _               |   |  | · •   |   |                |   |             | 5             | 81,668.                         |
| 5               | Gross prout. Subtract   | ctune 4 mam 1                                    | iine 3 ,                                      | antho as feet box                       | - 1 - 4 4<br>  | l or refund   |             | 6             | 01,000.                         |
| 6               | Other Income, Incide  | iing recensi an                                  | ය දැනය පීෂා                                   | SDILITA OF TUBI IBX I                   | CLAGI.         | ( or raming   |             | . 6           |                                 |
| 7               | Gross Income Add I  | ines 5 and 6                                     |   |   |                |   | <del></del> | 7             | 81,668.                         |
|                 | Expense:  | S. Enter expe                                    | nses for bu                                   | siness use of you                       | ır ho          | me only on line 30.   |             |               |                                 |
| 8               | Advertising   |  | 8   | 73.                                     |                | Office expense  |             | 18            | 17.                             |
| •               |   |  |   |   | 19             | Pension and profit-sharing plans  |             | 19            |                                 |
| 3               | (see instructions)  | 363  | 9   | 7,040.                                  | 20             | Rent or tease (see instructions):   |             |               |                                 |
| 10              | Commissions and fe  | es   | 10  |   | 1              | a Vahicles, machinery, and equipme  | nl          | 20 a          |                                 |
| ) <sub>11</sub> | Contract labor  |  |   |   | 1              | b Olher business properly   |             | 20 b          |                                 |
|                 | (see instructions)  |  | 11  |   | 21             | Repairs and maintenance   |             | 21            | 2,535.                          |
| 12              | Depletion , ,   | <i></i> <u> </u>                                 | 12  |   | 22             | • • •   |             | 22            | 333.                            |
| 13              | Depreciation and sec<br>179 expense deducti                     |  |   |   | 23             | •   |             | 21            |                                 |
|                 | (not included in Part   | : (11)   |   |   |                | Travel, meals, and entertainment:   |             | <b>企业</b>     |                                 |
|                 | (see instructions)  | · · · · · · · · · · · ·                          | 13  |   | 1              | a Travel  |             | 24 a          |                                 |
| 14              | Employee benefit pro<br>(other than on line 1)                  | ograms   |   |   |                | L Controlle made and adjudates  | al          | 24Ь           | 491.                            |
|                 | -   |  | 14  | 3,266.                                  | 25             | b Deductible meets and entertainme Ulfilles,                                |             | 25            |                                 |
| 15              | Insurance (other that interest:                                 | an neanury, , ,                                  | 15<br>,37                                     | 3,200.                                  | 4 "            | Wages (less employment credits).  |             |               |                                 |
|                 | i Morigage (paid to banks, i                                    | ado).  | 15a   | 2,809.                                  | 27             |   |             | 27            | 17,776.                         |
|                 | Other   | · •  | 16b   | 2,005,                                  | 1~             | Sales adversos (trans trais as as base at the                               |             | 4.9Œ; W       | and the first of the second     |
|                 | Legal & professional  |  | 17  |   | 1              |   |             |               |                                 |
| 29              |   |  |   | s use of home, A                        | dd Iir         | nes B through 27 in columns   |             | 28            | 34,340.                         |
| _               |   |  |   |   |                | -   |             |               |                                 |
| 29              | Tentaliva profit (loss  | ). Subtract IIn                                  | e 28 from                                     | line 7                                  |                | ******  |             | 29            | 47,328.                         |
| 30              |   |  |   |   |                |   |             | 30            |                                 |
| 31              | Net profit or (loss).   | Subtract line 3                                  | 30 from line                                  | 29.                                     |                | _   |             |               |                                 |
|                 | • If a profit, enler of 1040NR, line 13 (sta Form 1041, line 3. | n bolh <b>Form 1</b><br>lutory employ            | 1 <b>040, line 1</b> :<br>rees, <b>see</b> (r | 2, and Schedule !<br>structions). Estat | SE, II<br>es a | ne 2 or on Form<br>nd trusts, enter on                                      |             | 31            | 47,328.                         |
|                 | • If a loss, you mus  | st go to line 32                                 | 2   |   |                | اـ  |             |               |                                 |
| 32              | If you have a loss, o   | check the box                                    | that descri                                   | bes your investm                        | ent k          | n this activity (see instructions).   | _           |               |                                 |
|                 | • If you checked 32<br>1640NR, line 13 (sta                     | a, <b>enter the l</b> o<br>lutory <b>emplo</b> y | o <b>ss on</b> bolt<br>ees, see ir            | Form 1940, line<br>structions), Estat   | 12, a<br>es a  | nd Schedule SE, line 2, or on Form<br>nd Irusts, enter on Form 1041, line 3 | . ]         | <b>32</b> a [ | All investment is at risk.      |
|                 | ■ If you checked 32   | lh Moss mass—                                    | allach Es-                                    | 1 6198. Your loss                       | m»·            | he limited.   |             | 32ъ [         | Some investment is not at risk. |
| ١               | For Panerwork Rec   |  |   |   |                |   |             |               | le C (Form 1040) 2006           |

| Sch       | eduls C (Form 1040) 2006 Lew E Baxter   |                | ,                      | Page 2       |
|-----------|---|----------------|------------------------|--------------|
| P.á.      | Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach   | n vola         | nation)                |              |
| 34        |   | axpia          | _                      | _            |
| 7         | If Yes, attach explanation  |                | ☐Yes                   | ; No         |
| 35        | Inventory at beginning of year, if different from last year's closing inventory, atlach explanation   | 35             |                        | <del></del>  |
| 36        | Purchases less cost of items withdrawn for personal use   | 36             |                        |              |
| 37        | Cost of labor. Do not include any amounts paid to yourself  | 37             |                        |              |
| 38        | Materials and supplies  | 38             |                        |              |
| 39        | Other costs   | 39             | <u> </u>               |              |
| 40        | Add lines 35 through 39   | 40             |                        | <del></del>  |
| 41        |   |                |                        |              |
|           | Cost of goods sold. Subtract line 4) from line 40. Enter the result here and on page 1, line 4  |                |                        |              |
| P         | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file | s an l<br>Form | ine 9 and are<br>4562. | not          |
| 43        | Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle Business b Commuting (see instructions) c Other  |                |                        | · <b>-</b> - |
| 45        | Do you (or your spouse) have another vehicle available for personal use2  | ••••           | []Ye                   | s No         |
| 46        | Was your vehicle available for personal use during off-duty hours?  |                | []Ye                   | s ∏No        |
| 47        | 'a Do you have evidence to support your deduction?  | • • • • •      | \_Y•                   | ● ∏No        |
| GE T      | b If 'Yes,' is the evidence wrilten?  |                | Пүе                    | 4 No         |
| R         | Other Expenses. List below business expenses not included on lines 8-26 or line 30.   |                |                        |              |
| <u>Se</u> | e Statement 5   |                |                        |              |
|           |   |                |                        | <del></del>  |
|           |   |                |                        |              |
|           | ·   |                |                        |              |
|           |   |                |                        | <del></del>  |
|           |   |                |                        |              |
|           |   | ~ = .          |                        |              |
|           |   |                | 1                      |              |
|           |   |                | 1                      |              |
| <br>      | Total other expenses. Enter here and on page 1, line 27   | 48             |                        | 17,776.      |
|           |   | Sche           | dule C (Form           | 1040) 2006   |

FDIZ0112L 11/03/06

| 2006   | Alabama Statements         | Page 1   |
|--|----------------------------|--|
| Client 200316  | Lew E and Susan R Baxter   | _  |
| 3722/08<br>Statement 1<br>Form 40, Part I, Line 6  | 3                          | 05:17PI  |
| Other Income Huntingdon Colleg Roman Meal Compan   | e<br>y                     | 2,698  |
| ·  | est/Points Reported to You |  |
| Wells Fargo Bank,  | NATotal                    | \$ 8,293<br>\$ 8,293   |
| Statement 3 Schedule A, Line 14 Contributions by Cas Auburn University East Memorial Bap Various Charities                           | h or Check<br>tist Church  | \$ 400<br>620<br>610<br>\$ 1,630   |
| Statement 4 Schedule A, Line 15 Contributions other t Salvation Army   | han Cash/Check Total       | \$ 400<br>\$ 400   |
| Statement 5 - Distribu<br>Schedule C, Part V<br>Other Expenses   | .tor                       |  |
| Amortization Casual Labor Dues and Subscrip Equipment Rental. Other Operating E PBS Shrink Charge Relief Driver Telephone. Uniforms. | ilities Total              | 2,857.<br>5,870.<br>76.<br>1,371.<br>2,850.<br>28.<br>447.<br>1,809.<br>180.<br>1,352. |

| Form   | 1040 (2006)  | Le             | ew E an  | nd Susan   | R Baxter          | 5  |                  | <u> </u>      |   |                 |          |                           | Page 2           |
|--------|--|----------------|--|--|-------------------|--|------------------|---------------|---|-----------------|----------|---------------------------|------------------|
| Tax    |  | 38             | Amount f   |  |                   | s income)                                      |                  |               |   |                 | 38       | 77                        | ,131.            |
| Cred   |  | 39 a           | Check  |  |                   | é January 2, 19                                | 342,             | Blind.        | Total boxes                             |                 | 23.00    |                           |                  |
| Stand  | dard   | 1              | ik 7   |  |                   | fore January 2,                                |                  |               |   |                 | 4        |                           |                  |
|        | ıctlon   |                |  |  |                   | or you were a dua                              |                  |               |   |                 | 347      |                           |                  |
| for -  | ople who   |                | Itemized deductions (from Schedule A) or your standard deduction (see left margin) |  |                   |  |                  |               |   |                 | 40       | 12                        | ,962.            |
| chec   | kèd any box  | 41             |  |  |                   |  |                  |               |   |                 | 41       | 64                        | ,169.            |
|        | ne 39a or<br>or who <b>can</b>   | 42             | If line 38 is  | If time 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d |                   |  |                  |               |   |                 |          | a                         | ,900.            |
|        | aimed as a   | 43             | Taxable in   | enzon, Subtract I  | ine 42 from line  | 41.  |                  |               |   |                 | 42       |                           |                  |
| depe   | ndent, see<br>uctions.   |                | If line 42 is  | more than line 4   | I, enter -O       |  | <u></u>          |               |   |                 | 43       |                           | <u>,269.</u>     |
| nistro | Jegons.  | 44             | Tax (see in:   | atra). Check it ar   | ry tax is fronc o | Form(4) 8214                                   | b Fa             | rm 4972       |   |                 | 44       | 7                         | <u>,386.</u>     |
| • All  | Il others: 45 Alternative minimum tax (see instructions). Atlach Form 6251                           |                |  |  |                   |  |                  |               | 45                                      |                 | 0.       |                           |                  |
| Sinal  | le or Married  | 46             | Add lines  | 44 and 45  |                   |  |                  |               |   | 🟲               | 46       | 7                         | ,386.            |
|        | separately,<br>50  | 47             | Foreign b  | ax credit. Alt   | ach Form 11       | 16 if required .                               |                  | 47            |   |                 |          |                           | _                |
| \$5,15 | 50   | 48             | Credit for d   | hild and depends   | al care expense   | r: Atlach Form 244                             | 1                | 48            |   |                 | 4        |                           |                  |
|        | ed filing  | 49             | Credit for   | the elderty (  | or the disable    | d, Altach Sche                                 | dula R           | 49            |   |                 |          |                           |                  |
| Jointi | y ar<br>ifying   | 50             | Education  | n credits. Att   | ach Form 88       | 53   |                  | 50            |   |                 | A        |                           |                  |
| wido   | w(er).   | 51             | Ratireme   | ni savings co  | intributions c    | redit. Attach Fo                               | orm 8880         | 51            |   |                 |          |                           |                  |
| \$10,  | 300  | 52             |  |  |                   | Form 5695                                      |                  |               |   |                 | (* ?     |                           |                  |
| Head   | i of   | 53             | Child lax en   | edit (see instruc  | tions). Attach Fo | rm <b>8901 o</b> f required                    | 1                | 53            |   | 1,000:          | 1.0      |                           |                  |
| hous   | ehold,   | 54             | Credits from   | ac a Form  | E396 b 🗍          | Form 8839 c                                    | Form 8859        | 54            |   |                 |          |                           |                  |
| \$7,5  | 50   | 55             |  |  |                   | x(es): ■ 🔲                                     | Form <b>3800</b> |               |   |                 |          |                           |                  |
|        |  | Ţ              | b For  | r c Form   |                   |  |                  | 55            |   |                 |          |                           |                  |
|        |  | 56             | Add lines  | s 47 lhrough !   | 55. Thase ar      | a your total ere                               |                  |               |   |                 | 56       |                           | ,000.            |
|        |  | 57             |  |  |                   | e 56 is more th                                |                  |               |   |                 |          | 6                         | ,386.            |
|        |  | 58             |  |  |                   |  |                  |               |   |                 | 58       |                           | 501.             |
| Oth    |  | 59             | Social secu  | rity and Medicar   | a bacon lip inco  | me not reported to                             | employer.        | Mach Form     | 4137 ,                                  | • • • • • • • • | 59       |                           | _                |
| Taxe   | Taxes 60 Additional tax on IRAs, other qualified retirement plans, etc. Atlach Form 5329 if required |                |  |  |                   |  |                  |               | 60                                      |                 |          |                           |                  |
|        |  | 61             | Advance  | earned incor   | ne credit pay     | ments from Fo                                  | xm(s) W·         | 2, box 9 .    | • |                 | 61       |                           |                  |
|        |  | 62             | Househo  | id amployme  | ni iaxes, Alii    | ach Schadula i                                 | 1                |               | **********                              |                 |          |                           | ,807.            |
|        |  | 63             | POO HINES 3  | 7-62. This is you  | IF IOTAL LAX      | Forms W-2 and                                  | 1000             | EA.           | T                                       | 1.048.          | 150.50   |                           | ,001.            |
| Pay    | ments  | 64<br>65       | Pederal I  | DOMESTAL W   | imielo kom        | polied from 2005 n                             | dom              | 25            | <del></del>                             | L, VIO.         | 1        |                           |                  |
|        | u have a   |                | Zuut estim<br>Exmed ii   | ncome credit   | (FIC)             | hhima man 5303 i                               | P(U1)1           | 66a           |   |                 |          |                           |                  |
|        | ifying<br>I, attach  |                |  | combat pay also  |                   |  | *****            |               |   |                 |          |                           |                  |
| Sche   | edule EIC.   | 67             |  |  |                   | rithheld (see instru                           | ctions)          |               | 1                                       |                 |          |                           |                  |
| L      |  | 68             | Addition   | al child tax cr  | edit. Aliach      | Form 8812                                      |                  | 68            |   |                 |          |                           |                  |
|        | •  | 69             | Amount par   | id with request (  | or extension to f | ile (see instruction                           | s)               | 69            |   |                 |          |                           |                  |
|        |  | 70             | Payanents f  | irom: a F  | orm 2439 b        | Form 4136 c                                    | Form 8           | 285 70        |   |                 | 7.4      |                           |                  |
|        |  | 71             | Credit for f   | ederel telephone   | excise tax paid.  | Altach Form 8913                               | if required.     | 71            |   | 50.             | 基性       |                           |                  |
|        |  | 72             | Add lines 6<br>These are v   | 4, 65, 66a, and 6  | 7 through 71.     | · • • <u>• • • • • • • • • • • • • • • • •</u> |                  |               | *                                       | <b>.</b>        | 72       | 1                         | .,098.           |
| Refu   |  | 73             | II lina 72 is  | s more than line   | 63, subtract line | 63 from line 72. T                             | his is the a     | ס נוסע ותנומת | verpald                                 |                 | 73       |                           |                  |
|        | al deposit?  | 74             | Amount   | of line 73 you   | ı want refund     | ted to you. If F                               | orm 8888         | Is atlach     | ed, check her                           | s ► 🔲           | 74a      |                           |                  |
|        | instructions   |                |  | number   |                   |  | с Тура           |               | ecking                                  | Savings         |          |                           |                  |
| and t  | fill in 74b,<br>and 74d or   | -              | d Account  | number   |                   |  |                  |               |   |                 |          |                           |                  |
| Form   | 8888.  |                |  |  |                   | r 2007 estimated t                             | ax               | . > 75        |   |                 | Ø.49     |                           |                  |
| -      | ount   | 76             |  |  |                   | a 63. For details o                            |                  |               | tions                                   |                 | 76       | (                         | 5,016.           |
|        | Owe  |                |  |  |                   | lions)   |                  | 77            |   | 227.            | <b>建</b> | 4 A 4 4 4 5 1 5 1         |                  |
| 71.1.  | - Doube  |                |  |  |                   | s retorn with the f                            |                  | ryeliona)?    | X                                       | Yes, Cor        | nplete   | the following.            | No               |
|        | rd Party   |                | moo's  | reparer  |                   | - • • • • • • • • • • • • • • • • • • •        | •                | Phone >       | _                                       | •               | Persona  | identification<br>(PIN)   | _                |
|        | ignee  | Livela         | r menalties of   |  | a that I have exa | mined this return as                           | nd accompan      |               | Sas and statement                       | s, and to the   |          |                           |                  |
| Şigi   |  | belief         | , they are tru   | a, cottect, and c  | emplete. Declara  | microd this return a<br>Non of preparer (of    | ner than lang    | omyer) is bas | ed on all informati                     | on of which p   |          |                           |                  |
| Her    | e<br>  relum?  | Yo             | क्ष व्यक्तिकामान   |  |                   |  | Deb              | Your          | <del>and payon</del>                    |                 | Denyt    | क्षांत्रका कार्यादे कार्य | 1                |
|        | instructions.  |                |  |  |                   |  |                  |               | stributor                               | ·               |          |                           |                  |
|        | асору  | Sp             | neugle s'asum  | ture. If a joint sett  | ım, bolk must si  | gn,  | Date             | '             | ee's occupation                         |                 | 1460     |                           |                  |
| for y  | our <b>records.</b>  |                |  |  |                   |  |                  | Exe           | cutive A                                | ssista          | n 🏄      |                           | (åEB)            |
|        |  | D              |  |  |                   |  | Date             |               |   | i               | , ]      |                           |                  |
| Paid   | d  | Prepa<br>signa |  |  |                   |  |                  |               | Check if salf-em                        | ployed X        | Ш        |                           |                  |
|        | parer's  |                |  | Frank V.   | Jones,            | CPA _  |                  |               |   | _               |          |                           |                  |
|        | Only   | (or yi         | atub;  |  |                   |  |                  |               |   | EIN             |          |                           |                  |
|        |  | addin<br>ZIP c | ode  |  |                   |  |                  |               |   | Phone :         |          |                           |                  |
| d .    |  |                | -  |  | See Sta           | tement 2                                       |                  | 6             | ,156.                                   |                 |          | Form 10                   | <b>40</b> (2006) |

| 2006  | Federal Statements           | Page 1                   |
|---|------------------------------|--------------------------|
| Client 200316                                   | Lew E and Susan R Baxter     |                          |
| 3/22/08 Statement 2 Form 1040, Page 2 Penalties |                              | MJ, EZP'R                |
| Tax Due Before Penalties Late Payment           | Grand Total Tax Due <u>§</u> | 6,016.<br>140.<br>6,156. |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
|   |                              |                          |
| 1   | ·                            |                          |
|   |                              |                          |
| _   |                              |                          |

# **BAXTER DEFENDANT'S EXHIBIT** 33

2006 Individual Return prepared for:

Lew E and Susan R Baxter

Frank V. Jones, CPA

DEFENDANT'S EXHIBIT



**CLIENT 200316** 

#### FRANK V. JONES, CPA

October 12, 2007

Lew E and Susan R Baxter

Dear Lew & Susy,

Enclosed is your 2006 Federal Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$6,156.

Make your check payable to the "United States Treasury" and mail your Federal return with Form 1040-V payment voucher on or before October 15, 2007 to:

> INTERNAL REVENUE SERVICE P.O. BOX 105017 ATLANTA, GA 30348-5017

Enclosed is your 2006 Alabama Individual Income Tax Return. The original should be signed at the bottom of page two. Both spouses should sign. There is a balance due of \$1,772.

Make your check payable to the "Alabama Department of Revenue" and mail your Alabama return with Form 40V payment voucher on or before October 15, 2007 to:

> ALABAMA DEPARTMENT OF REVENUE P.O. BOX 2401 MONTGOMERY, AL 36140-0001

Please be sure to call if you have any questions.

Sincerely,

Frank V. Jones, CPA

| Fprett 1040                               | U.S. Individual                                       | ncome Tax                             | Return 2006                        | (99) IRS Use 0:                                  | niv — Do not w                 | rita or staple in this space.                      |
|---|---|---------------------------------------|------------------------------------|--|--------------------------------|--|
|   | For the year Jan 1 - Dec 31, 2006, o                  |                                       |                                    | (35) 415 555 51                                  | , , , , , , , ,                | OMB No. 1545-0074                                  |
| Label<br>(See instructions.)              | Your first name Lew E Baxter                          |                                       | Last manus                         | <u> </u>   | Yenr sc                        | cial security number                               |
|   | If a joint return, spouse's first name                | Mi                                    | Last mame                          |  |                                |  |
| Use the<br>IRS label.                     | Susan R Baxter  |                                       |                                    |  |                                |  |
| Otherwise,                                |   | ve a P.0. box,                        | see instructions,                  | Aparlment no                                     | T   T0                         | ou must enter your                                 |
| please print<br>or type.                  |   |                                       |                                    |  |                                | social security                                    |
| o. 1/po.                                  | -<br>   | r a romanyin address, san             | instructions.                      | State ZIP code                                   |                                | number(s) above.                                   |
| Presidential                              | Deatsville, AL 36                                     | 022                                   |                                    |  | change                         | g a box below will not<br>your tax or refund.      |
| Election <sup>1</sup><br>Campaign         |   |                                       | \$3 to go to this hand? (see instr | uctions)   | ► []Yo                         | u Spouse   |
|   |   | -                                     | - 4 LH                             | lead of household (with                          | qualitying                     | person). (See                                      |
| Wages, tips, other comp.                  | 2 Federal income Las withheld                         | 2006 (MIDNO.)                         | (ame)                              | nstructions.) If the qualout not your dependent, | ilying perso<br>, enter this ( | n is a ceild<br>hild's                             |
| 81697.01                                  | 4 Social security tax withheld                        | com for withheld                      | above & foli r                     | name here  |                                | <del></del>  |
| Sheial sacurity warms<br>45264.25         | 2806.38   | 7.77                                  | 5 1 10                             | Qualifying widow(er) with dep                    |                                | ee instructions)<br>Boxes checked<br>on 6a and 6b. |
| 45264 . 25                                | 656.33  | tay inc. with the isl                 | as a dependent, do not             | check box 6a                                     | ••••                           | on 6a and 6b                                       |
| Cantrol number Dupt.                      | Curp. Employer use only 1198                          | x withheld                            | (2) Dependent's                    | (3) Dependent's                                  | (4) 🗸                          | io, of children<br>on 6c who:                      |
| Employer's name, address,                 |   | 5.04                                  | social security                    | retationship                                     | nuntil birm                    | P Hyad<br>nith you                                 |
| LOWERS BAKING                             | O OF OPELIKA LLC                                      | ÎNC                                   | number                             | to you   | par credit                     | district<br>ive with year                          |
|   | _   |                                       |                                    |  | TVS                            | ine to divorce.<br>presparation                    |
|   |   |                                       |                                    |  |                                | pee (natra),<br>Dependents                         |
|   |   |                                       |                                    |  |                                | on Gc not<br>extered above.                        |
|   | -   |                                       |                                    |  |                                | Add sumbers  |
|   | _   |                                       |                                    |  |                                | en Anes  |
|   |   |                                       | s) W-2                             |  | 7                              | 28,623   |
| Advance EIC payment                       | 10 Dependent care benefits                            |                                       | quired                             |  | Ва                             |  |
| Nonqualified plans                        | 12a   |                                       | ne Ba                              |  |                                |  |
| 7   | 125   | C payment                             | required                           | - I  | 9a                             |  |
|   | 12c   | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                                    | 9Ь   | 10                             |  |
| •   | 12d   |                                       | al Income taxes (see instruction   | aus)   | .11                            |  |
|   | 13 Sizt emp. Het, plan 3rd party sick pay<br>X        | 3rd-party sick pay                    | tule C or C-EZ                     | ,  | 12                             | 47,328   |
| Employee's name, address                  | and ZIP code  | -                                     | ck here                            | ► 🔲  | 13                             |  |
| EjV E BAXTER                              |   | N                                     | 37                                 |  | 14                             |  |
|   | j   |                                       |                                    | rable amount (see instr                          |                                |  |
|   |   | 13                                    | s, S corporations, trusts          | cable amount (see instr                          |                                |  |
| State Employer's state ID is<br>AL 150729 | o. 15 State wages, tips, etc.<br>81667.81             | 891.26                                | iF                                 | s, etc. Attach Concess                           | 18                             |  |
| State income Lax                          | If Local wages, tips, etc.                            | by cerns                              |                                    |  | 19                             |  |
| Local income tax                          | 20 Locality name                                      |                                       | b Tex                              | cable amount (see instr                          |                                |  |
|   | I Filler Carre  | Digit of the Victory-194              |                                    |  | 21                             | 3,548<br>79,49                                     |
|   | Filing Copy   | C'IO' TRUTT CONGITO                   | for lines 7 through 21.            |  | ne. <b>22</b>                  | 19,49  |
| W - J Cink                                | ZUUU  | . Attach Form 8                       | ng artists, and toe-basis          | 23   |                                |  |
| ry-2-to-be filed with employee's E        | ty or Local-Income Tax-Heturn.                        | Form 2106 or 2106-6                   | Z L                                | 24   |                                |  |
| Income                                    | 25 Health savings acco                                | unt deduction. Atta                   |                                    | 25   |                                |  |
|   | 26 Moving expenses. A                                 | Mach Form 3903 .                      |                                    | 26   | 51.                            |  |
|   | 27 One-half of self-emp                               | pioyment tax, Attac                   |                                    |  | .J                             |  |
|   |   |                                       |                                    | 28 29 2,1  | 17                             |  |
|   |   |                                       |                                    | 30   |                                |  |
| •   | 30 Penalty on early with 31 a Nimony pald is Recipies |                                       |                                    | 314  | - 4                            |  |
|   |   |                                       |                                    | 32   | w                              |  |
|   | 33 Student loan interes                               | st deduction (see in                  | nstructions)                       | 33   |                                |  |
|   | 34 Jury duty pay you g                                | ave to your employ                    | yer                                | 34   |                                |  |
|   | 35 Domestic production acti                           | vitles deduction. Attach              | Farm 8903                          | 35   |                                | 0.00   |
| 25  | 36 Add lines 23 - 31a and 3                           | 2 - 35                                |                                    |  | 36                             | 2,360<br>77,131                                    |
|   |   |                                       | OUR BRIDGES APACE INCAM            | 1P   | 1 3/                           | 11,131   |
|   | 37 Subtract line 35 from                              | n iffle ZZ. IIIIS IS y                | at Maniles and Technique           | s. FDIA0112L                                     |                                | Form 1040 (200                                     |

|   | š .  |  |                                       |
|---|--|--|---------------------------------------|
|   | Form 1040 (2005)                               | Lew E and Susan R Baxter   | Page 2                                |
|   | Tax and  | 38 Amount from line 37 (adjusted gross income).  | ,,,131.                               |
|   | Credits  | 39a Check You were born before January 2, 1942, Blind. Yotal boxes   |                                       |
| k | Standard                                       | if:   Spouse was born before January 2, 1942,   Blind. checked > 39a   |                                       |
|   | Deduction                                      | b If your spouse itemizes on a separate return, or you were a dual-status alien, see instra and ck here. > 39 b  |                                       |
| • | for -  | 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin),   | 12,962.                               |
|   | <ul> <li>People who checked any box</li> </ul> | 41 Subtract line 40 from line 38.  | 64,169.                               |
|   | on line 39a or                                 | 42 If line 38 is over \$112,875, or you provided housing to a person displaced by Horricane Kaleina, see   |                                       |
|   | 39b or who can<br>be claimed as a              | instructions, Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d   | 9,900.                                |
|   | dependent, see                                 | 43 Taxable income, Subtract line 42 from line 41, If line 42 is more than line 41, wher -0-  | 54,269.                               |
|   | instructions.                                  | 44 Tax (see instrs). Check if any tax is from: a Form(s) 8814 b Form 4972.   | 7,386.                                |
|   | Ali others:                                    |  | 0.                                    |
|   |  |  | 7,386.                                |
|   | Single or Married                              |  | 1,300.                                |
|   | filing separately,<br>\$5,150                  | 47 Foreign tax credit. Attach Form 1116 if required  |                                       |
|   |  | 48 Credit for child and dependent care expenses. Attach Form 2441  |                                       |
|   | Married filing<br>jointly or                   | 49 Credit for the elderly or the disabled. Attach Schedule R 49  |                                       |
|   | Qualifying                                     | 50 Education credits, Attach Form 8863   |                                       |
| b | widow(er),                                     | 51 Retirement savings contributions credit. Attach Form 6880 51  |                                       |
|   | \$10,300                                       | 52 Residential energy credits. Attach Form 5695  |                                       |
| • | Head of  | 53 Child lax credit (see instructions). Atlach Form 8901 if required   |                                       |
|   | household,<br>\$7,550                          | 54 Credits from: a Form 8395 b Form 8839 c Form 8859. 54   |                                       |
|   | 45,4200  | 55 Other credits. Check applicable box(es): a Form 3800  |                                       |
|   | <u> </u>                                       | b Form c Form  | 1 000                                 |
|   |  | 56 Add lines 47 through 55. These ere your total credits   | 1,000.                                |
|   |  | 57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0 57   | 6,386.                                |
|   |  | 58 Self-employment tax. Attach Schedula SE   | 501.                                  |
|   | Other  | 59 Social security and Medicare text on tip income not reported to employer. Attach Form 4137  | · · · · · · · · · · · · · · · · · · · |
|   | Taxes  | 60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required   |                                       |
|   |  | 61 Advance earned income credit payments from Form(s) W-2, box 9   |                                       |
|   |  | 62 Household employment taxes. Attach Schedule H   | 6,887,                                |
|   |  | 63 Add lines 57-62. This is your total tax   | . 0,001,                              |
|   | Payments                                       | Today a control to the months of the control of the |                                       |
|   | If you have a                                  | 65 2006 estimated tax payments and amount applied from 2005 return. 65 66 a Earmed Income credit (EIC). 66a 66a  |                                       |
| ~ | qualifying<br>child, attach                    | b Nontaxable combal pay election > 66 b  |                                       |
|   | Schedule EIC.                                  | b Nontazable combat pay election 66 b  67 Excess social security and tier I RRTA tax withheld (see instructions) 67  |                                       |
|   | ľ  | 58 Additional child tax credit. Attach Form 8812   |                                       |
|   |  | 69 Amount paid with request for extension to file (see instructions)   |                                       |
|   |  | 70 Payments from: a Form 2439 b Form 4135 c Form 8885 70   |                                       |
|   |  | 71 Credit for federal telephone excise tax paid. Attach Form 8913 if required 71   |                                       |
|   |  | 72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments   | 1,098.                                |
| • | Refund   | 73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid   |                                       |
|   |  | 74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here > 74a   |                                       |
|   | Direct deposit?<br>See instructions            | ▶ b Routing number ▶ c Type: Checking Savings  |                                       |
|   | and fill in 74b,                               | Account number   |                                       |
|   | 74c, and 74d or Form 8888.                     | 75 Amount of line 73 you want applied to your 2007 estimated tax > 75  |                                       |
|   | Amount   | 76 Amount you owe. Subtrect line 72 from line 53. For details on low to pay, see instructions  | 6,016.                                |
|   | You Owe  | 77 Estimated tax penalty (see instructions)  |                                       |
| • | This is the same                               | Do you want to allow enother person to discuss this return with the IRS (see instructions)?  | ollowing. No                          |
|   | Third Party                                    | Designee's Phone Personal ident  | ification                             |
|   | <u>Designee</u>                                |  |                                       |
|   | Sign   | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my low belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an   | ny kaowinaige.                        |
|   | Here   | Your signature Date Your occupation Daytime p  | hone number                           |
|   | Joint return?<br>See instructions.             | Distributor  |                                       |
|   | Кеер а сору                                    | Spouse's signature. If a joint return, both must sign. Date Spouse's occupation  |                                       |
|   | for your records.                              | Executive Assistan   |                                       |
| • |  | Date Date  |                                       |
|   | Paid   | Preparer's signature 1011210 Check if self-employed X  |                                       |
|   | Preparer's                                     | Firm's name Frank V. Jones, CPA  |                                       |
|   | Use Only                                       | (ar yours self-empl  |                                       |
|   | 3  | address, ZIP code  |                                       |
|   | ľ.   | See Statement 3 6,156.   | Form 1040 (2006)                      |
|   |  | FBIA0112L 11/07/06   |                                       |

Bax 000161

# Underpayment of Estimated Tax by Individuals, Estates, and Trusts

CMB No. 1545-0140

2006

See separate instructions.
 Attach to Form 1040, 1040A, 1040NR, 1040NR-EZ, or 1041.

Attachment Sequence No. 05

| _          | Do You Have To F  | File For  | m 2210?  |
|------------|---|---|--|
| Co         | raplete lines 1 through 7 below, Is line 7 less than \$1,000?   | Yes   | Do not file Form 2210. You do not owe a penalty.   |
|            | No  | J   |  |
|            |   | ٦ ٧   |  |
| Co         | supplete lines 8 and 9 below. Is line 6 equal to or more than line 9?   | Yes   | You do not owe a penalty. Do not file Form 2210 (but if box E below applies, you must file page 1 of Form 2210).   |
|            | ↓ No  | _   | Turn ZEIOJ.  |
| Yo         | u may owe a penalty. Does any box in Part II below apply?   | Yes   | You must file Form 2210. Does box B, C, or D apply?  |
|            | No  | -   |  |
|            |   |   | No Yes ➤ You must figure your penalty  |
| arri<br>wo | not file Form 2210. You are not required to figure your penalty cause the IRS will figure it and send you a bill for any unpaid ount. If you want to figure it, you may use Part III or Part IV as a risksheet and enter your penalty amount on your tax return, but do tille Form 2210.  |   | You are not required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III or Part IV as a worksheet and enter your penalty amount on your tax return, but file only page 1 of Form 2210.  |
| -000       | Device de la contract (con instructions)  |   |  |
| ear        | Required Annual Payment (see instructions)  | oble line of  | ( your return)   |
|            | Enter your 2006 tax after credits from Form 1040, line 57 (or company   | able line of  |  |
| 2          | Other taxes, including self-employment tax (see instructions)   |   | 344000   |
| 3          | Refundable credits, Enter the total of your earned income credit, add federal tax paid on fuels, and health coverage tax credit   |   |  |
| 4          | Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, see  | instruction   | s4 6,88  |
| 5          | Multiply line 4 by 90% (.90)  |   |  |
| 6          | Withholding taxes. Do not include estimated tax payments. See instru  | uctions   | 6 1,048  |
| 7          | Subtract line 6 from line 4, If less than \$1,000, you do not owe a pen   | alty; do no   | ot file Form 2210 7 5,835  |
| 8          | Meximum required annual payment based on prior year's tax (see in:  | structions).  | 5,373  |
|            | Required annual payment. Enter the smaller of line 5 or line 8  |   |  |
| 9          | Medfilted stilliffel ballumic cities the zougher of this 2 or like o  |   | 9 5,371  |
| 9          | Next: Is line 9 more than line 6?   |   | 9 5,37   |
| 9          | Next: Is line 9 more than line 6?   |   | 9  |
| 9          | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  X Yes, You may owe a penalty, but do not file Form 2210 unless or  | E below a   | pplies.  boxes in Part fi below applies.   |
| 9          | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  X Yes, You may owe a penalty, but do not file Form 2210 unless or  | E below a   | pplies.  boxes in Part fi below applies.   |
|            | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  Yes. You may owe a penalty, but do not file Form 2210 unless or  If box B, C, or D applies, you must figure your penalty and file  If only box A or E (or both) applies, file only page 1 of Form 22  and send you a bill for any unpaid amount. If you want to figure your penalty on your tax return, but file only page 1 of Form 2210  | E below a<br>ne of more<br>Form 2210<br>210. You a<br>your penal  | pplies.  boxes in Part II below applies.  re not required to figure your penalty; the IRS will figure it by, you may use Part III or IV as a worksheet and enter   |
|            | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  X Yes, You may owe a penalty, but do not file Form 2210 unless or  | E below a<br>ne of more<br>Form 2210<br>210. You a<br>your penal  | pplies.  boxes in Part II below applies.  controlling to figure your penalty; the IRS will figure it by, you may use Part III or IV as a worksheet and enter ply, do not file Form 2210.   |
|            | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  Yes. You may owe a penalty, but do not file Form 2210 unless or  If box B, C, or D applies, you must figure your penalty and file  If only box A or E (or both) applies, file only page 1 of Form 22 and send you a bill for any unpaid amount. If you want to figure your penalty on your tax return, but file pnly page 1 of Form 2210  Reasons for Filing. Check applicable boxes. If  You request a waiver (see Instructions) of your entire penalty. You required to figure your penalty.                             | E below a<br>ne of more<br>Form 2210<br>210. You a<br>your penal<br>3.<br>none ap                         | pplies.  boxes in Part II below applies.  re not required to figure your penalty; the IRS will figure it ty, you may use Part III or IV as a worksheet and enter ply, do not file Form 2210.  leck this box and file page 1 of Form 2210, but you are not  |
| A<br>B     | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  Yes. You may owe a penalty, but do not file Form 2210 unless on  If box B, C, or D applies, you must figure your penalty and file  If only box A or E (or both) applies, file only page 1 of Form 22 and send you a bill for any unpaid amount. If you want to figure your penalty on your tax return, but file pnly page 1 of Form 2210  Reasons for Filing. Check applicable boxes. If  You request a waiver (see instructions) of your entire penalty. You request a waiver (see instructions) of part of your penalty. | E below a<br>ne of more<br>Form 2210<br>210. You a<br>your penal<br>none ap<br>none ap                    | pplies.  boxes in Part II below applies.  re not required to figure your penalty; the IRS will figure it ty, you may use Part III or IV as a worksheet and enter ply, do not file Form 2210.  leck this box and file page 1 of Form 2210, but you are not figure your penalty and waiver amount and file Form 2210.  |
|            | Next: Is line 9 more than line 6?  No. You do not owe a penalty, Do not file Form 2210 unless box  Yes. You may owe a penalty, but do not file Form 2210 unless or  If box B, C, or D applies, you must figure your penalty and file  If only box A or E (or both) applies, file only page 1 of Form 22 and send you a bill for any unpaid amount. If you want to figure your penalty on your tax return, but file pnly page 1 of Form 2210  Reasons for Filing. Check applicable boxes. If  You request a waiver (see Instructions) of your entire penalty. You required to figure your penalty.                             | E below a ne of more Form 2210. You a your penal o, none apou must che ou must find or eliminal Form 2210 | pplies.  boxes in Part II below applies.  re not required to figure your penalty; the IRS will figure it ty, you may use Part III or IV as a worksheet and enter ply, do not file Form 2210.  leck this box and file page 1 of Form 2210, but you are not figure your penalty and waiver amount and file Form 2210.  led when figured using the annualized income installment. |

FD120313L 01/30/07

Bax 000162

| orm <b>2210</b> (2006)  | Lew E | and Susan | R | Baxter |
|---|-------|-----------|---|--------|
| CONTRACTOR |       |           |   |        |

Page 2

Part III Short Method

You may use the short method if:

- You made no estimated tax payments (or your only payments were withheld federal income tax), or
- You paid estimated tax in equal amounts on your due dates.

TIP: You do not need to file Form 2210 unless you checked a box in Part II on page 1.

You must use the regular method (Part IV) instead of the short method if:

- You made any estimated tax payments late, You checked box C or D in Part II, or You are filing Form 1040NR or 1040NR-EZ and you did not receive wages as an employee subject to U.S. income tax withholding.

Note: If any payment was made earlier than the due date, you may use the short method, but using it may cause you to pay a larger penalty than the regular method.

|    | If the payment was only a few days early, the difference is likely to   | o pe sn | <u> 1aii.                                  </u> |
|----|---|---------|---|
| 10 | Enter the amount from Form 2210, line 9.  | 10      | 5,371.  |
| 11 | Enter the amount, if any, from Form 2210, line 6  |         |   |
| 12 | Enter the total arriount, if any, of estimated tax payments you made  |         |   |
| 13 | Add lines 11 and 12   | 13      | 1,048.  |
| 14 | Total underpayment for year, Subtract line 13 from line 10. If zero or less, stop here; you do not owe the penalty. Do not file Form 2210 unless you checked box E on page 1        | 14      | 4,323.  |
| 15 | Multiply line 14 by .05258 (use the factor shown in the instructions if you are eligible for Hurricane Katrina relief).   | 15      | 227.  |
| 16 | ● If the amount on line 14 was paid on or after 4/15/07, enter -0   | , 4     |   |
|    | <ul> <li>If the amount on line 14 was paid before 4/15/07, make the following computation to find the amount<br/>to enter on line 16.</li> </ul>                                    |         |   |
|    | Amount on Number of days paid line 14 x before 4/15/07 x .00022   | 16      | 0.  |
| 17 | Penalty, Subtract line 16 from line 15. Enter the result here and on Form 1040, line 77; Form 1040A, line 48; Form 1040NR, line 75; Form 1040NR-EZ, line 27; or Form 1041, line 26. | 17      | 227.  |
|    | 1819-652  |         | Form 2210 (2006)                                |

FDLZ0313L 01/30/07

**SCHEDULE A** (Form 1040)

## **Itemized Deductions**

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

➤ Attach to Form 1040.
➤ See Instructions for Schedule A (Form 1040).

2006

| Name(s) shown on F   | onn i           | 040  |             |  |       |           |
|--|-----------------|--|-------------|--|-------|-----------|
| Lew E and  | Su              | san R Baxter   |             |  |       |           |
| Medical  |                 | Caution. Do not include expenses reimbursed or paid by others.   |             |  | (i-i) |           |
| and  | 1               | Medical and dental expenses (see instructions)   | 1           |  | 4     |           |
| Dental<br>Expenses   | 2               | Enter amount from Form 1040, line 38 2   |             |  |       |           |
| Expenses   | 3               | Multiply line 2 by 7.5% (.075)   | 3           | 3  |       |           |
|  | 4               | Subtract line 3 from line 1, If line 3 is more than line 1, enter -0   |             | ,      | 4     | 0.        |
| Taxes You  | 5               | State and local income taxes   | 5           | 2,205.                                       |       |           |
| Pald   | 6               | Real estate taxes (see instructions)   | 6           | 434.   |       |           |
| <b>.</b> .   | 7               |  | 7           |  |       |           |
| (See<br>Instructions.)                                     | 8               | Other taxes. List type and amount ►  |             |  |       |           |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                    | -               |  | 8           |  | 6     |           |
|  | 9               | Add lines 5 through 8  |             | , . ,  | 9     | 2,639.    |
| Interest   | 10              | . Home mtg interest and points reported to you on Form 1098 See. St . 3  | 10          | 8,293.                                       |       |           |
| You Pald   | 11              |  | ų,          |  |       |           |
| (See<br>instructions.)                                     |                 |  |             |  |       |           |
| Note.  |                 |  | 11          |  |       |           |
| Personal   | 12              | Points not reported to you on Form 1098. See instra for spet rules   | 12          |  |       |           |
| interest is  |                 | Investment interest. Attach Form 4952 if required.   |             |  |       |           |
| nal<br>deductible.   |                 | (See instrs.).   | 13          |  |       |           |
|  | 14              | Add lines 10 through 13.,  |             | <u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 14    | , 8, 293, |
| Gifts to<br>Charity  | 15              | Gifts by cash or check. If you made any gift of \$250 or more, see instr   | 15          | 1,630.                                       |       |           |
| If you made<br>a gift and<br>got a benefit<br>for it, see  | 16              | Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500   | 16          | 400.   | *     | •         |
| instructions.  | 17              | Carryever from prior year  |             |  |       |           |
|  |                 | Add lines 15 through 17  |             |  | 18    | 2,030.    |
| Casualty and   | -               |  |             |  |       |           |
| Theft Losses   | 19_             |  |             | ******                                       | 19    | 0.        |
| Job Expenses<br>and Certain<br>Miscellaneous<br>Deductions | 20              | Unreimbursed employee expenses – job travel, union dues, job education, etc. Attach Form 2105 or 2106-EZ if required. (See instructions.)  |             |  |       |           |
|  |                 |  | 20          |  |       |           |
|  | 21              | Tax preparation fees   | 21          | 0  |       |           |
|  | 22              |  | Section 6   |  | 4     |           |
| (See<br>instructions.)                                     |                 | type and amount  | 4           |  | 4     |           |
| ii isa ocaoi is.)  |                 | type and amount  | 22          |  |       |           |
|  | 22              | Add lines 20 through 22  | 23          |  |       |           |
|  | 24              | Enter amount from Form 1040, line 38 24  |             |  | -20   |           |
|  |                 |  | 25          |  |       |           |
|  | 25              | Subtract line 25 from line 23. If line 25 is more than line 23, enter  |             |  | 26    | 0.        |
|  | <u>26</u><br>27 | Other - from list in the instructions. List type and amount >  |             |  | 20    |           |
| Other<br>Miscellaneous<br>Deductions                       | 2,              | One work as a reconstruction of the second s |             |  | 27    | 0.        |
| Total<br>Itemized  | 28              | Is Form 1040, line 38, over \$150,500 (over \$75,250 if married filling separately)?   |             |  |       |           |
| Deductions .   |                 | X No. Your deduction is not limited. Add the amounts in the fator times 4 through 27. Also, enter this amount on Form  Yes. Your deduction may be limited. See instructions for the  | 1040, 1     | ine 40.                                      | 28    | 12,962.   |
|  | 70              | If you efect to itemize deductions even though they are less than your standard dedu   |             |  |       |           |
|  | 29              | to son elect in ticinite neglicious escu towarill ries see less uses toni grandalli negli  | SECTION AND | ANNY   |       |           |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

FDIA0001L 11/07/06

Schedule A (Form 1040) 2006

Bax 000164

SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Triasury (99) Partnerships, joint ventures, etc., must file Form 1065 or 1065-8.

Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

| Mame   | of proprietor  |                       |   |                  |  |              |                   |                                 |
|--------|--|-----------------------|---|------------------|--|--------------|-------------------|---------------------------------|
| Lew    | E Baxter   |                       |   |                  |  |              |                   |                                 |
| A      | Principal business or profession, including  | product               | or service (see instructions)                         |                  |  | B 6          | ater code from la | structions                      |
|        | Distributor  | 10.7                  |   |                  |  | . <b>►</b> 4 | 124990            |                                 |
| С      | Business name. If no separate business na  | mployer ID numb       | er (ÉBH), if any                                      |                  |  |              |                   |                                 |
| E      | Business address (including suite or room a<br>City, town or post office, state, and ZIP coo | 10.)*-                | <del> </del>  |                  |  |              |                   |                                 |
| _      |  |                       |   | <u> </u>         | [] On (analy) a  | _            | <del></del>       | <del></del>                     |
| F<br>G | Accounting method: (1) X   | Cash                  | (2) Accruat (3)                                       | 5)<br>           | Other (specify) > ing 2005? If 'No,' see instructions for                    |              | on lesses         | . X Yes No                      |
|        | •  |                       |   |                  |  |              |                   |                                 |
|        | Income   | ou io oc              | daring 2000, Greek Hel                                | <del>" . ,</del> |  |              |                   |                                 |
|        |  | le mai                | s income type reported t                              |                  | u on Form W. 2 and the   |              | 0                 |                                 |
| 1      | Gross receipts or sales. Caution. 'Statutory employee' box on that                           | form                  | s income was reported t<br>was checked, see the ir    | e yo             | ctions and check here  | X            | 1                 | 81,668.                         |
| Z      |  |                       |   |                  |  |              | 2                 |                                 |
| 3      |  |                       |   |                  |  |              |                   | 81,668.                         |
| 4      | Cost of goods sold (from line 42   | on pa                 | ge 2)   | · · · ·          | .,.,   | • • • •      | ·· <u>4</u>       | 1-3-                            |
|        |  |                       |   |                  |  |              |                   | 01 660                          |
| 5      | Gross profit. Subtract line 4 from   | i line :              | 3   | • • • •          |  | • • • •      | . 5               | 81,668.                         |
| 6      | Other income, including federal a  | und st                | ate gasolina or fuel tax                              | ਸed              | it or refund   | • • • •      | . 6               |                                 |
| _      | A 145 6 46   |                       |   |                  |  |              | <b>&gt;</b> 7     | 81,668.                         |
| P      | Expenses, Enter exp  |                       |   |                  | me only on line 30   |              |                   | 01,000.                         |
| 8      | Advertising  | 8                     | 73.   |                  | Office expense   |              | 18                | 17.                             |
| 0      |  | ۳                     | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                  |                  | Pension and profit-sharing plans   | ••••         | 19                |                                 |
| 9      | Car and truck expenses (see instructions)  | 9                     | 7,040.  | 1                | Rent or lease (see instructions):  |              |                   |                                 |
| 10     | Commissions and fees   | 10                    | .,,   |                  | a Vehicles, machinery, and equipmen  | ıt           | 20 a              |                                 |
| ( -    |  |                       |   |                  | b Other business property  |              | 20b               |                                 |
| 11     | Contract labor (see instructions)  | 11                    |   | 21               | Repairs and maintenance  |              | 21                | 2,535.                          |
| 12     | Depletion  | 12                    |   | 22               | Supplies (not included in Part III)  |              | 22                | 333.                            |
| 13     | Depreciation and section   |                       |   | 23               | Taxes and licenses,  |              | 23                |                                 |
|        | 179 expense deduction (not included in Part III)   |                       |   | 24               | Travel, meals, and entertainment:  |              |                   |                                 |
|        | (see instructions)   | 13                    |   |                  | a Travel   | ••••         | 24a               |                                 |
| 14     | Employee benefit programs  |                       |   |                  |  |              | 201               | 491.                            |
|        | (other than on line 19)  | 14                    | 2 200   |                  | b Deductible meals and entertainmen  |              | 24b               | 431,                            |
| 15     | insurance (other than health)  | 15                    | 3,266.  | i .              | Utilities  |              | 26                |                                 |
|        | Interest:  | 16a                   | 2,809.  | 27               | Wages (less emptoyment credits)  Other expenses (from line 48 on page 2)     |              | 27                | 17,776.                         |
|        | Mortgage (paid to banks, etc)  | 16b                   | -   | ~                | Onici exhantes (mon this 40 on holy ch                                       | ••••         |                   |                                 |
|        | Legal & professional services  | 17                    |   |                  |  |              |                   | Y TO BE                         |
|        |  |                       | usiness use of home. Ac                               | ld lir           | nes 8 through 27 in columns  |              | ▶ 28              | 34,340,                         |
|        |  |                       |   |                  | •  |              |                   |                                 |
| 29     | Tentative profit (loss). Subtract li   | ine 28                | frem line 7   |                  | ,,   |              | 29                | 47,328.                         |
| 30     |  |                       |   |                  |  |              | . 30              |                                 |
| 31     | Net profit or (loss). Subtract line  |                       |   |                  |  |              |                   |                                 |
|        | • If a profit, enter on both Form<br>1040NR, line 13 (statutory emplo<br>Form 1041, line 3.  | <b>1040,</b><br>yees, | line 12, and Schedule S<br>see instructions). Estate  | E, H             | ne 2 or on Form<br>ned trusts, enter on                                      |              | 31                | 47,328.                         |
|        | • If a loss, you must go to line 3   |                       |   |                  | ٦  |              |                   |                                 |
| 32     | If you have a loss, check the box  | that                  | describes your Investme                               | ant ù            | this activity (see instructions).  | _            |                   |                                 |
|        | • If you checked 32a, enter the 1040NR, line 13 (statutory employed)                         | loss o<br>yees,       | n both Form 1040, line 1<br>see instructions). Estate | <b>2</b> , a     | nd Schedule SE, line 2, or on Form<br>nd trusts, enter on Form 1041, line 3. | 7            |                   | All investment is<br>at risk,   |
|        |  | _44 4                 | F 6180 V Israel                                       |                  | ho limited   |              |                   | Some investment is not at risk. |
| ===    | If you checked 32b, you must   |                       |   |                  |  |              |                   |                                 |
| BAA    | For Paperwork Reduction Act N  | lotice,               | , see Form 1040 instruct                              | ions             | <b>.</b>   |              | Schedule C        | (Form 1040) 20                  |

FD120112L 11/03/06

Bax 000165

| Schedule C (Form 1040) 2006 Lew E Baxter  |   | 4 <u>9</u> e 2       |
|---|---|----------------------|
| Pan III Cost of Goods Sold (see instructions)   |   |                      |
| 33 Method(s) used to value closing inventory: aCost b Lower of cost or market cCother (att  | •                                       | tion)                |
| 34 Was there any change in determining quantitles, costs, or valuations between opening and closing inventor if 'Yes,' attach explanation.                      | y?<br>                                  | Yes No               |
| 35 Inventory at beginning of year. If different from last year's dosing inventory, attach explanation   | 35                                      |                      |
| 36 Purchases less cost of items withdrawn for personal use  | 36                                      |                      |
| 37 Cost of labor. Do not include any amounts paid to yourself   | 37                                      |                      |
| 38 Materials and supplies   | 38                                      | <del></del>          |
| 39 Other costs  | 39                                      | <del></del>          |
| 40 Add lines 35 through 39  | 40                                      |                      |
| 41 Inventory at end of year   |   |                      |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4,  | nses on line<br>file Form 45            | 9 and are not<br>52. |
| 43 When did you place your vehicle in service for business purposes? (month, day, year)   | ;                                       |                      |
| 44 Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your values Business b Commuting (see instructions) cOth | vehicle for:<br>er                      |                      |
| 45 Do you (or your spouse) have another vehicle available for personal use?   | •••••                                   | Yes No               |
| 46 Was your vehicle available for personal use during off-duty hours?   | ••••                                    | Yes No               |
| 47a Do you have evidence to support your deduction?   | • | Yes No               |
| b If 'Yes,' is the evidence written?  |   | . Yes No             |
| Other Expenses. List below business expenses not included on lines 8-26 or line 30.   |   | - <u>'</u>           |
| See Statement 6   |   |                      |
|   |   |                      |
|   |   | <del></del>          |
|   |   |                      |
|   |   |                      |
|   |   |                      |
|   |   |                      |
|   |   | <del></del>          |
| 48 Total other expenses. Enter here and on page 1, time 27  | 48                                      | 17,776.              |
|   | Schedule                                | C (Farm 1040) 2006   |
| F0/201124, 11/03/06   |   |                      |
|   | Bay                                     | 000166               |
| DNFIDENTIAL   | Dax                                     | 000100               |

SCHEDULE SE (Form 1040)

### Self-Employment Tax

OMB No. 1545-0074 2006

Department of the Treasury Internal Revenue Service

► Attach to Form 1040. ► See Instructions for Schedule SE (Form 1040).

Attachment Sequence No. 17

Name of person with self-employment income (as shown on Form 1040) Lew E Baxter

Social security number of person with self-employment income

# Who Must File Schedule SE

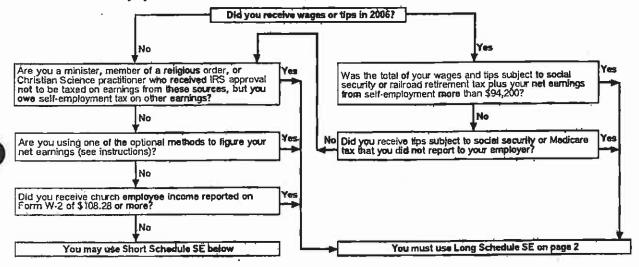
You must file Schedule SE If:

- You had not earnings from self-employment from other than church employee income (line 4 of Short Schedule SE or line 4c of Long Schedule SE) of \$400 or more, or
- You had church employee income of \$108.28 or more, Income from services you performed as a minister or a member of a religious order is not church employee income (see instructions).

Note, Even if you had a loss or a small amount of income from self-employment, it may be to your benefit to file Schedule SE and use either 'optional method' in Part II of Long Schedule SE (see instructions).

Exception. If your only self-employment income was from earnings as a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361 and received IRS approval not to be taxed on those earnings, do not file Schedule SE. Instead, write 'Exempt — Form 4361' on Form 1040, line 58.

May I Use Short Schedule SE or Must I Use Long Schedule SE?
Note. Use this flowchart only if you must file Schedule SE. If unsure, see Who Must File Schedule SE, above.



#### Section A - Short Schedule SE, Caution. Read above to see if you can use Short Schedule SE.

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

| 1 | Net farm-profit or (loss) from Schedule F, line 36, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A  | 1, |        |
|---|--|----|--------|
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for amounts to report on this line. See instructions for other income to report | 2  | 3,548. |
| 3 | Combine lines 1 and 2,   | 3  | 3,548. |
| 4 | Net earnings from self-employment. Multiply line 3 by 92.35% (.9235). If less than \$400, do not file this schedule; you do not owe self-employment tax  | 4  | 3,277. |
| 5 | Self-employment tax. If the amount on line 4 is:  • \$94,200 or less, multiply line 4 by 15.3% (.153). Enter the result here and on Form 1040, line 58.  |    | F01    |
|   | <ul> <li>More than \$94,200, multiply line 4 by 2.9% (.029). Then, add \$11,680.80 to the result. Enter the total here and on Form 1040, line 58.</li> </ul>   | 5  | 501.   |
| 6 | Deduction for one-half of self-amployment tax. Multiply fine 5 by 50% (.5). Enter the result here and on Form 1040, line 27  |    | 13     |

FDIA1101 L 09/25/08

Bax 000167

Schedule SE (Form 1040) 2006

Form 4562

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

2006

| Name(s) shown on return                                       |  |  |   |                 |                  | _      |                                       |
|---|--|--|---|-----------------|------------------|--------|---------------------------------------|
| Lew E and Susan R E   | <u>laxt</u> er   |  |   |                 |                  | _      |                                       |
| Business or activity to which this form re                    |  |  |   |                 |                  |        |                                       |
| Schedule C - Lew E  |  |  |   |                 |                  |        |                                       |
| Part Election To Ex   | cpense Certain   | Property Under Secomplete Part V before  | ction 179<br>vou complete Pa            | rt I.           |                  |        |                                       |
| 1 Maximum amount, See th                                      |  |  |   |                 |                  | 1      | \$108,000.                            |
| 2 Total cost of section 179                                   |  | 2  |   |                 |                  |        |                                       |
| 3 Threshold cost of section                                   |  |  |   |                 |                  | 3      | \$430,000.                            |
| 4 Reduction in limitation. S                                  |  |  |   |                 |                  | 4.     |                                       |
| 5 Dollar limitation for tax ye separately, see instruction    | ear. Subtract line 4   | from line 1. If zero or les  | s, enter -0 If m                        | arried filli    | ng<br>           | 5_     |                                       |
|   | Description of property  |  | (b) Cost (business                      |                 | (C) Elected co   | ut     |                                       |
| •   |  |  |   |                 | 11               |        |                                       |
|   |  |  | 1                                       |                 |                  |        | 76                                    |
| 7 Listed property. Enter the                                  | amount from line   | 29   |   | . 7             |                  |        | -                                     |
| B Total elected cost of sect                                  | ion 179 property. A  | dd amounts in column (d  | ), lines 6 and 7.                       |                 |                  | 8      |                                       |
| 9 Tentative deduction, Ente                                   |  |  |   |                 |                  | 9      |                                       |
| 10 Carryover of disallowed of                                 | feduction from line  | 13 of your 2005 Form 45  | 52                                      |                 |                  | 10     |                                       |
| 11 Business income limitation                                 | n. Enter the smálle  | er of business income (no  | ot less than zero)                      | or line 5       | (see instrs)     | 11     |                                       |
| 12 Section 179 expense ded                                    | luction. Add lines 9   | and 10, but do not enter   | more than line i                        | t <u></u>       |                  | 12     |                                       |
| 13 Carryover of disallowed of                                 |  |  |   |                 |                  |        |                                       |
| Note: Do not use Part II or Pai                               |  |  |   |                 |                  |        |                                       |
| Part II Special Depre   | ciation Allowar  | nce and Other Depr   | eciation (Don                           | ot include      | listed property. | ) (See | instructions.)                        |
| 14 Special allowance for qua<br>property) placed in service   | alified New York Lib   | erty or Gulf Opportunity<br>ar (see instructions)                                  | Zone property (o                        | ther than       | listed           | 14     |                                       |
| T5 Property subject to secile                                 | on 168(f)(1) election  |  |   |                 |                  | 15     |                                       |
| 16 Other depreciation (included)                              |  |  |   |                 |                  | 16     | 41 11                                 |
|   |  | nclude listed property.) (   |   |                 |                  |        |                                       |
|   |  | Sectio   | , |                 |                  |        |                                       |
| 17 MACRS deductions for as                                    | sets placed in serv  |  | <del></del>                             |                 |                  | 17     |                                       |
| 18 If you are electing to grow                                |  |  |   |                 |                  |        |                                       |
| asset accounts, check he                                      | re   | **********************   |   |                 |                  |        |                                       |
| Section   | B - Assets Placed  | In Service During 2006   | Fax Year Using (                        | ne Genera       |                  |        |                                       |
| (a)<br>Classification of property                             | (b) Month and<br>year placed<br>in service   | (C) Basis for depreciation<br>(business/investment use<br>only — see instructions) | (d)<br>Recovery period                  | (e)<br>Conventi | on Method        | ı      | (g) Depreciation<br>deduction         |
| 19 a 3-year property  |  |  |   |                 |                  |        |                                       |
| b 5-year property   | AND THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSONS AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSP |  |   |                 |                  |        |                                       |
| ç 7-year property   |  |  |   |                 |                  |        |                                       |
| d 10-year property  | LOCAL PROPERTY AND ADMINISTRATION OF   |  |   |                 |                  |        |                                       |
| e 15-year property  | COLUMN TAXABLE PARTY.  |  |   |                 |                  |        |                                       |
| f 20-year property  |  |  |   |                 |                  |        |                                       |
| g 25-year property  |  | _  | 25 yrs                                  |                 | S/L              |        |                                       |
| h Residential rental  |  |  | 27.5 yrs                                | MM              | S/L              | 1      |                                       |
| property  |  |  | 27.5 yrs                                | MM              | S/L              |        |                                       |
| I Nonresidential real   |  |  | 39 yrs                                  | MM              | S/L              | _      | , - <del></del>                       |
| property  |  | <del>   </del>   |   | MM              | S/L              |        |                                       |
|   |  | n Service During 2006 Ta   | x Year Using the                        |                 |                  |        |                                       |
| 20 a Class life.  | COMPANY CONTRACTOR CON | To a rion or a sind cope ti  |   |                 | l s/L            |        |                                       |
|   |  |  | 12 yrs                                  |                 | S/L              |        |                                       |
| b  2-year ,   |  |  | 40 yrs                                  | MM              | S/L              |        |                                       |
| Part IV Summary (see  |  |  | 40 AT2                                  | 147             |                  |        |                                       |
| <u></u>   |  | <del></del>  |   |                 |                  | 21     | · · · · · · · · · · · · · · · · · · · |
| 21 Listed property. Enter an 22 Total Add amounts from line i | 2 lines 14 through 17, li  | ines, 19 and 20 in column (a), a   | nd line 21. Eater here                  | and on          |                  |        |                                       |
| the appropriate lines of your ret                             | urn. Partnerships and S  | corporations — see instruction:  | ۲                                       |                 |                  | 22     |                                       |
| 23 For assets shown above the portion of the basis a          | ittributable to section  | n 263A costs   |   | 23              |                  | 5      |                                       |
| <b>BAA For Paperwork Reductio</b>                             | n Act Notice, see s  | eparate instructions.  | FDIZO                                   | 12. 05/22/06    | 5                |        | Form 4562 (2005)                      |

CONFIDENTIAL

|         | Section A - Depreciati   |  |  |   |  |   |  |                    |                         |                         |                         |                                     |  | TT              |
|---------|--|--|--|---|--|---|--|--------------------|-------------------------|-------------------------|-------------------------|-------------------------------------|--|-----------------|
| 24:     | Do you have evidence to support the busi   |  | t use claime<br>(d)  |   | ,, <u> </u>                                      | Yes   | No                                     | 245 If "           |                         |                         | T                       | (h)                                 | Yes  | <u>↓</u> ↓      |
| Ty      | (a) (b)  rpe of property (fist Variables first)  Oats placed in service  | (C) Busmess/ Investment usa percentage   | Cost<br>other b  | Of .  | Basis for<br>(busines                            | (e)<br>r deprecia<br>is/investm<br>is only) | tion<br>ent                            | Recovery<br>period | Ma                      | (g)<br>shod/<br>vention | Dep                     | reciption<br>fuction                | E).  | ected<br>ion 17 |
| 25      | Special allowance for qualified I<br>during the tax year and used m  | New York Lib   | erty or Gi   | ulf Oppo  | tunity Z   | one pro                                     | perty p                                | laced In           | service                 | 25                      |                         |                                     | ri   |                 |
|         | Property used more than 50% in   |  |  |   | on report the                                    | ac (201                                     | in and con-                            | 401 (S)            |                         |                         |                         |                                     | - CONTRACTOR - CON | eoxes:          |
| _       |  |  |  |   |  |   |  |                    | 1                       |                         |                         |                                     | +  |                 |
| -       |  |  | <del></del> _  |   |  | <del></del>                                 |  |                    | +                       |                         |                         |                                     | -  |                 |
| 7       | Property used 50% or less in a   | qualified bus  | ness use   | <del></del>   |  |   |  |                    |                         |                         |                         |                                     |  |                 |
|         |  |  |  |   |  |   |  |                    |                         |                         |                         |                                     |  | 888             |
|         |  | -  |  | <del></del>   | <u> </u>   |   |  |                    |                         |                         | -                       |                                     | _  |                 |
| -       | Add amounts in column (h), line  | s 25 through   | 27. Enter  | r here at   | nd on lin  | e 21. pa                                    | ne I                                   |                    |                         | . 28                    |                         |                                     |  |                 |
| 9       |  |  |  |   |  |   |  |                    |                         |                         | . ,                     | 29                                  | 33000-000  | ****            |
|         |  | ,  | Section  |   |  |   |  |                    |                         |                         |                         |                                     |  |                 |
| m       | plete this section for vehicles use<br>our employees, first answer the q   | ed by a sole .<br>Lestions in S  | proprietor<br>ection C   | , partner<br>to see if  | , or othi  | er 'Andre<br>el an ex                       | than 5                                 | % owner            | r, or rel<br>eleting ti | ated per<br>nis secti   | rson. If y<br>ion for t | /ou <b>prov</b><br>nose <b>ve</b> t | ided vet<br>Ucles.   | victe           |
| <u></u> | rar arrangeos, met eroner ere q  | ,00000110 1110   | 7  | a)  | (b   |   |  | c)                 |                         | 5)                      |                         | •)                                  | (1   | <b>)</b>        |
| )       | Total business/investment miles during the year (do not include  | driven   | Vehi   | icle 1  | Vehic  | le 2  | Veh                                    | ilcle 3            | Vehi                    | cle 4                   | Veh                     | cle 5                               | Vehi   | cle             |
|         | commuting miles)   |  | ·  |   |  |   |  |                    |                         |                         |                         |                                     | -  | _               |
|         | Total commuting miles driven during the<br>Total other personal (noncommi  | •  | ·  |   |  | -   | _                                      |                    |                         |                         |                         |                                     |  | _               |
| -       | miles driven   |  | ·  |   |  |   |  |                    |                         | ,                       |                         |                                     |  |                 |
| 3       | Total miles driven during the ye lines 30 through 32   |  |  |   |  |   |  |                    |                         |                         |                         |                                     |  |                 |
|         | , , , , , , , , , , , , , , , , , , ,  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Yes  | No  | Yes  | No  | Yes                                    | No                 | Yes                     | No                      | Yes                     | No                                  | Yes  | N               |
| 1       | Was the vehicle available for peduring off-duty hours?   |  |  |   | ·  |   |  |                    |                         |                         |                         |                                     |  |                 |
| 5       | Was the vehicle used primarily than 5% owner or related perso  | by a more  |  |   |  |   |  |                    |                         |                         |                         |                                     |  |                 |
| 5       | Is another vehicle available for   |  |  |   |  |   |  |                    |                         |                         |                         |                                     |  |                 |
|         | personal use?  | C – Question   |  | 10,000  | Visa Day   | eleka Mal                                   | ulaian f                               |                    | a Their                 |                         |                         |                                     |  |                 |
| •       | ver these questions to determine   |  |  | •   |  |   | -                                      |                    | •                       |                         |                         | no are ne                           | ot more  | thai            |
| <br>S1  | owners or related persons (see in  | structions).   |  |   | ,  |   |  |                    |                         |                         |                         |                                     |  | _               |
| 5\      |  |  | al nmbih   | ite all pe  |  | sa of ve                                    |  | includin           | g comm                  | uting,                  |                         |                                     | Yes  | N               |
| -       | Do you maintain a written policy   |  |  |   |  |   |  |                    |                         |                         | • • • • • • •           | • • • • • •                         |  | _               |
| ,       | by your employees?   |  |  |   |  |   |  |                    |                         |                         | _                       |                                     | I 1  |                 |
| ,       |  | statement 0  | at prohíb  | its perso   | nal use  | of vehic                                    | Jes, ex                                | cept com           | nmuting,<br>nore ow     | by you<br>ners          | r<br>                   |                                     | ·  |                 |
| 7       | Do you maintain a written policy employees? See the instruction  | statement 0  | nat prohib<br>used by  | its perso<br>corporal   | mal use<br>e officer                             | of vehic                                    | Jes, ex                                | cept com           | nmuting,<br>nore ow     | by you<br>ners          | r<br>                   |                                     |  |                 |
| 7       | Do you maintain a written policy employees? See the instructions Do you treat all use of vehicles to you provide more than five v  | statement to<br>s for vehicles<br>by employee<br>vehicles to yo  | nat prohib<br>sused by<br>s as perso<br>ur employ                                      | its perso<br>corporal<br>onal use                                       | mal use<br>e officer                             | of vehic<br>s, direc                        | des, ex<br>tors, or                    | 1% or n            | nore awi                | ners                    |                         | the                                 |  |                 |
| 7<br>3  | Do you maintain a written policy employees? See the instruction. Do you treat all use of vehicles to you provide more than five vehicles, and retain the informal Do you meet the requirements of the provide more than the informal polyou meet the requirements of the provide more than the informal polyou meet the requirements of the provide more than th | statement to<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning qu                  | nat prohib<br>used by<br>s as perso<br>ur employ<br>?<br>:allfied au                   | its perso<br>corporal<br>onal use<br>yees, ob                           | mal use<br>e officer<br>?<br>tein infor          | of vehices, direc                           | ties, ex<br>ters, or<br>from you       | )% orn<br>ourempl  | oyees a                 | bout the                |                         |                                     |  |                 |
| 7       | Do you maintain a written policy employees? See the instructions Do you treat all use of vehicles to you provide more than five vehicles, and retain the information you meet the requirements of Note: If your answer to 37, 38, 38, 38, 38, 38, 38, 38, 38, 38, 38   | statement to<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning qu                  | nat prohib<br>used by<br>s as perso<br>ur employ<br>?<br>:allfied au                   | its perso<br>corporal<br>onal use<br>yees, ob                           | mal use<br>e officer<br>?<br>tein infor          | of vehices, direc                           | ties, ex<br>ters, or<br>from you       | )% orn<br>ourempl  | oyees a                 | bout the                |                         |                                     |  |                 |
| 7       | Do you maintain a written policy employees? See the instruction. Do you treat all use of vehicles to you provide more than five vehicles, and retain the informal Do you meet the requirements of the provide more than the informal polyou meet the requirements of the provide more than the informal polyou meet the requirements of the provide more than th | statement to<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning qu                  | nat prohib<br>used by<br>sas persour employ?<br>:allfied au<br>is 'Yes,' o             | its perso<br>corporal<br>onal use<br>yees, ob                           | mal use<br>e officer<br>?<br>tein infor          | of vehices, direc                           | ties, ex<br>ters, or<br>from you       | our empl           | oyees a                 | bout the                |                         |                                     | Ø  |                 |
| 7       | Do you maintain a written policy employees? See the instructions Do you treat all use of vehicles to you provide more than five vehicles, and retain the informal Do you meet the requirements of Note: If your answer to 37, 38, 3  | statement to<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning qu                  | nat prohib<br>t used by<br>s as perso<br>ur employ<br>?<br>::allfied au<br>is 'Yes,' ( | its perso<br>corporal<br>onal use<br>yees, ob<br>itomobile<br>to not co | mal use<br>e officer<br>?<br>tein infor<br>demon | of vehics, directionstration                | tors, or<br>from yourse? (<br>B for it | See instraction (c | oyees a<br>ructions)    | bout the                | (e)                     |                                     |  |                 |
|         | Do you maintain a written policy employees? See the instructions Do you treat all use of vehicles to you provide more than five vehicles, and retain the information you meet the requirements of Note: If your answer to 37, 38, 3 Amortization  (a)  Description of costs  | statement is<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning on<br>39, 40, or 41 | nat prohibi<br>used by<br>s as perso<br>ur employ?<br>:<br>:allfied au<br>is 'Yes,' (  | its persocorporal consi use yees, ob utomobile do not oc (b)            | mal use<br>e officer<br>?<br>tain infor          | of vehics, direction stration stration (c)  | tors, or<br>from yourse? (<br>B for it | See instraction (c | oyees a                 | bout the                | (e)                     |                                     | (f)  |                 |
|         | Do you maintain a written policy employees? See the instructions Do you treat all use of vehicles to you provide more than five vehicles, and retain the informal Do you meet the requirements of Note: If your answer to 37, 38, 3  | statement is<br>s for vehicles<br>by employee<br>rehicles to yo<br>tion received<br>concerning on<br>39, 40, or 41 | nat prohibi<br>used by<br>s as perso<br>ur employ?<br>:<br>:allfied au<br>is 'Yes,' (  | its persocorporal consi use yees, ob utomobile do not oc (b)            | mal use<br>e officer<br>?<br>tain infor          | of vehics, direction stration stration (c)  | tors, or<br>from yourse? (<br>B for it | See instraction (c | oyees a                 | bout the                | (e)                     |                                     | (f)  | 1               |

| 2006  | Federal Statements       | Page 2  |
|---|--------------------------|---|
|   | Lew E and Susan R Baxter |   |
| Statement 5 Schedule A, Line 16 Contributions Other than Cash Salvation Army  | Total                    | \$ 400.<br>\$ 400.  |
| Amortization.  Casual Labor.  Dues and Subscriptions.  Equipment Rental.  Other Operating Expenses.  PBS Shrink Charge.  Relief Driver.  Telephone.  Uniforms | Total                    | \$ 936.<br>2,857.<br>5,870.<br>76.<br>1,371.<br>2,850.<br>28.<br>447.<br>1,809.<br>180.<br>1,352.<br>\$ 17,776. |

| Form <b>4868</b>  | Application for Automa                       | tic Extension of Time  | CMS No. 1545-0074              |
|---|--|--|--------------------------------|
| Department of the Treasury<br>Internal Revenue Service Fo | To File U.S. Individua                       | Income Tax Return  | 2006                           |
| Part Identification                                       |  | earth Individual Income  | ľax .                          |
| 1 Your name(s) (see instructions)  Lew E Baxter           |  | 4 Estimate of total tax flability for 2005. 5 Total 2006 payments. 6 Balance due. Subtract line 5 from line 4 (see instructions)                           | \$ 0                           |
|   |  | 7 Amount you are paying (see instructions)   | <b>►</b> 0.                    |
| Opelika, AL 368   | Starta ZIP code                              | Check here if you are 'out of the U.S. citizen or resident (see ins 9 Check here if you file Form 104 did not receive wages as an enincome tax withholding | e country' end a<br>tructions) |
| BAA For Phyacy Act and Pap                                | erwork Reduction Act Notice, see separate in |  | Form 4868 (2005)               |
| ,   |  |  |                                |
|   | Detack !                                     | <br>U \  |                                |

▲ Detach Here

Mail Form 4868 to:

Internal Revenue Service Atlanta, GA 39901-0002

FDIA4601L 10/27/06

| 40 Indivi<br>Ti<br>RESJI               | ax Keti<br>Dents | icome 2006  |  |  |         |                                     |      |
|--|------------------|---|--|--|---------|-------------------------------------|------|
| For the year Jzn 1 -                   | Dec 30 7         | The second section 100 mm. The section 100 mm.  |  |  |         |                                     |      |
| • Lew E                                |                  | britial Last rame   |  |  |         |                                     |      |
| Spouse's first m                       |                  | Initial Last name   | ]  |  |         |                                     |      |
| in nasan                               |                  | P.O. Box number)  | 1  |  |         |                                     |      |
| • Deats                                |                  |   | 1  |  |         |                                     |      |
| Filing Status                          |                  | • \$1,500 Single  |  |  | _       |                                     |      |
| Exemptions                             | 2                | <ul> <li>X \$3,000 Marsied filing joint return (even if only one spouse had in \$1,500 Married filing separate return. Complete line 5 with sport</li> </ul>                      |  | 5 Name<br>SSN  | :—      |                                     |      |
| Check only one box.                    | 4                | \$3,000 Head of family (with qualifying person). (See instruction   |  | : Relationship   | · •     |                                     | -    |
|  | 6                | Wages, salaries, lips etc (list each employer and address separately).  |  | tax withheld   |         | B - Income                          |      |
|  |                  |   | 6a • ,   | 891 00   | , 6a    | 28,623                              | _    |
|  |                  |   | 6b •   | . 00   | 6 b     |                                     | 00   |
| Income                                 |                  | ·   | 6c •   | 100  | 6 c     |                                     | 00   |
| and                                    | _                |   | 6d •   | 00   | 6d      |                                     | 90   |
| Adjustments                            |                  | Interest and dividend income (also attach Schedule B in   |  |  | 7       | 50,876                              | 00   |
|  | 8                | Other income (from page 2, Part I, line 9)  |  |  | 8       | • 79,499                            |      |
|  | 9                | Total income. Add amounts in the income column for in   |  |  | 10      | 0 2,117                             |      |
|  | 10               | Total adjustments to income (from page 2, Part II, line   | -  |  | 11      | 77,382                              |      |
| Deductions                             | 11               | Adjusted gross income, Subtract line 10 from line 9  Check but a, if you Hemilan deductions, & enter assaura from Sch.A. line 25.   |  | ST be checked  | 71      | 11,302                              | 100  |
| You Must                               | ••               | Creck but a if you do not itemize deductions, and enter standard deduction (see instr.)   | 000 2 07 0 120                                 | ]  |         |                                     |      |
| Attach page 2<br>of Federal            |                  | X   Iterhized Deductions .  | 12   | 16,543 00  |         |                                     |      |
| Form 1040,<br>Federal Form             | <b>►</b> 13      |   | <del>                                   </del> | - 20,01310   |         | ļ                                   |      |
| 1040A, Federal<br>Form 1040NR,         | ,-               | DO NOT ENTER FEDERAL TAX WITHHELD FROM YOUR FORM W-2(5)   | 13  •  | 6,38600  |         |                                     |      |
| or page 1 of<br>1040EZ, if             | 14               | Personal exemption (from line 1, 2, 3, or 4)  | <del></del>                                    | 3,000 00   |         |                                     |      |
| 1040EZ, if<br>claiming a               |                  |   |  | 300 00   |         |                                     | 1    |
| deduction on<br>line 13.               | 15               | Dependent exemption (from page 2, Part III, line 2)   |  |  | 16      | • 26,229                            | լիո  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | . 16.<br>17      | Total deductions. Add lines 12, 13, 14, and 15 Taxable income. Subtract line 16 from line 11  | · · · · · · · · · · · · · · · · · · ·          |  | 17      | • 51,153                            |      |
|  | 18               | Income Tax due. Enter here and check if from • F  | Form NOL-954                                   |  | 18      | 2,478                               |      |
|  | 19               | Less credits from: • Schedule CR and/or • Schedule 0  | C  |  | 19      | •                                   | 00   |
| Tax                                    |                  | Net tax due Alabama. Subtract line 19 from line 18  |  |  | 20 a    | 2,478                               | 100  |
| De Hot Staple<br>Feam(s) W-2.          |                  | Consumer Use Tax (use worksheet in the instructions)  |  |  | 20 b    |                                     | 00   |
| W-2G, 1033                             | 21               |   |  |  |         |                                     | Т    |
| notion 40V to<br>this form.            |                  |   | ne   |  | 21 a    |                                     | 00   |
|  | 1                | Alabama Republican Party \$1 \$2 X no.  | ne   |  | 21 b    |                                     | 00   |
|  | 22               | Total tax liability and voluntary contribution. Add lines   | 20a, 20b, 21a, and                             | 12h  | 22      | • 2,478                             | 00   |
|  | 23               | Alahama Income tax withheld (from Forms W-2, W-2G, and/or 1099).  | . 23 •   | 891 00   |         |                                     |      |
| Paymends                               | 24               | Amount paid with extension (attach Form 4868A)  |  | 00   |         |                                     | 1    |
| . cymens                               | 25               | 2006 estimated tax payments (see instructions)  | . 25 •   | 00   |         |                                     |      |
|  | 26               | Total payments, Add lines 23 through 25   |  |  | 26_     | • 891                               | .100 |
| AMOUNT<br>YOU OWE                      | 27               | If line 22 is larger than line 26, subtract line 26 from line 22, and enter   | AMOUNT YOU OWE.                                |  | l       |                                     |      |
| YOU OWE                                |                  | Place payment, along with Form 40V, loose in mailing envelope. (FOR)  |  |  | 27      | • 1,746.                            | 100  |
|  | 28               | Estimated tax penalty. Also include on line 27 (see instructions)   |  | 159 00   | -       |                                     | 100  |
| OVERPAID                               | 29               | If line 26 is larger than line 22, subtract line 22 from line   |  |  | 29      | ·                                   | 00   |
|  | 30               | Amount of line 29 to be applied to your 2007 estimated tax  |  | 100  |         | 1                                   | 1    |
| Donation                               | 31               | Total Donation Check-offs from Schedule DC, line 2  |  |  |         |                                     | 00   |
| Check-offs                             | 32               | Total, Add line 30 and line 31  |  |  | 32      |                                     | עטי  |
| REFUND                                 | 33               | REFUNDED TO YOU. (CAUTION: You must sign this return on page  | 7  | 0 0  | 33      |                                     | 00   |
|  | 1                | Subtract line 32 from line 29. For Direct Deposit, check here   | and complete Part V,                           | Page 2   | 33      | welone If you do not bey            | 100  |
|  |                  | Subject time as from time as for other behavit, creek these tens of the addressed envelope carrie, with your return, please time, mail your return to one of the addresses below. | 'èc ir brio idilom (i)                         | G II ISBU (ALUBI CALIFICATION C | ire ell | Actohor it how do the most          | -    |
|  | 1                | f you are not making a payment, mail your return to:  | ii yoo are making                              | a payment, mail your   | tejniu  | , Form 40V, and payment to:         |      |
| WHERE<br>TO FILE                       |                  | Alabama Department of Revenue P.O. Box 154  | Alabama De<br>P.O. Box 24                      | epartment of Reve<br>#01   | HILLE   |                                     |      |
| FORM 40                                | -                | Montgomery, Alabama 36133-0001  | Montgomer                                      | ry, Alabama 36140  | -0001   | . 4                                 |      |
| <b>A</b>                               | - 1              | <i>deil only your 2006 Form 40 to one of the above address</i>  | es. Prior year retu                            | ms, amended retu   | HTIS,   | and all other                       |      |
| C.<br>Taba sasa                        |                  | correspondence should be mailed to Alabama Departmen  |  | . DUX 32/404, IVIDI  | เพิ่นแ  | 1017; Fil. 30132-74 <b>04.</b><br>1 | AL32 |
| rate ber                               | IALT             | ies & interest ALADII 2 11/08/06  | 9 ZV.  |  |         |                                     |      |
|  |                  |   |  |  |         | Bax 000173                          |      |

| FORM 40 (200   | υ, .                  | <u>Lew E and Susan R Bax</u>   | SCC E  |   |  |  |   |  | _  | PAG  |
|--|-----------------------|--|--|---|--|--|---|--|--|--|
| PART   | 1                     | Alimony received   |  |   |  |  |   | 6  |  | $\Box$   |
|  | 2                     | Business income or (loss) (attack  | ch Federal Sch   | nedule G or C-E2  | Ŋ  |  | . 2   | •  | 47,3   | 28   |
|  | 3                     | Gain or (loss) from sale of Real   |  |   |  |  |   | •  |  |  |
| Other  | _                     | a Total IRA distributions 4a •   |  |   |  | uni (see instructions  |   |  |  | 7  |
| outer<br>Scome   |                       |  |  | 00 5  |  | -  |   |  | ·  | $\neg$   |
| 100  | _                     | n Total pensions & annuities . 5 n •   |  |   |  | unt (see instructions  | -   |  |  | $\rightarrow$  |
| rstructions)   | 6                     | Rents, royalties, partnerships, e  |  | •   | •  |  |   |  |  | _  |
|  | 7                     | Farm income or (loss) (attach F  |  |   |  |  | 7   | •  |  | _  |
|  | 8                     | Other income (state nature and source -  | - see instructions)  | · · · · · · · · · · · · · · · · · · ·   |  |  |   |  |  | - 1  |
|  |                       | See Statement 1  |  |   |  | - "  | 8   | •  | 3,5  | 48   |
|  | 9                     | Total other income. Add lines 1  | through 8 Eni  | er here and also  | on page 1  | line 6   | 9   | •  | 50, B  |  |
| PAREIL   |                       | Your IRA deduction   |  |   |  |  | -   |  |  |  |
| erain minut  |                       |  |  |   |  |  |   |  |  |  |
|  |                       | Spouse's IRA deduction   |  |   |  |  |   |  |  | 1  |
|  |                       | Payments to a Keogh retiremen  |  |   |  |  |   |  |  |  |
| Adjust-  | 3                     |  |  |   |  |  | 3   | -  |  |  |
| ments  | 4                     | Allmony paid. Recipient's last name  |  |   | SSN •  |  | 4   |  |  |  |
| o income   |                       | Address  |  |   |  |  |   | •  |  |  |
| (sae<br>ns(ructions)   | 5                     | Adoption expenses  |  |   |  |  | S   | •  |  | _ ,[   |
| •  | 6                     | Moving Expenses (att Federal Form 3903)  |  |   |  |  | 6   | •  |  |  |
|  | 7                     | Self-employed health insurance   | deduction  | 177   |  |  | 7   | •  | 2,1  | 17   |
|  | 8                     | Total adjustments. Add lines I through   | 7 Enter here and   | alto on page 1. line i  | เก   |  | 8   | •  | 2,1  |  |
|  | _                     |  | Y CHIEF HELE WIND I  | area ou hade if mis   |  |  |   | (d) ev.  |  | · I  |
| PART III   | 1 :                   | Dependents:  |  |   | ient's social  | (3) Dependents   |   | (4) Did you p  |  |  |
|  |                       | (1) First name Los   | it name  | security  | number.  | relationship to you.   |   | opendents a  |  |  |
| Dépendents   |                       |  |  |   |  |  |   | Yes  |  |  |
| ·  |                       |  |  |   |  |  | 1   |  |  |  |
| o nat include<br>ourself or  |                       |  |  |   |  |  | 1   |  |  |  |
| on share   |                       |  |  |   | · ·  |  | 1   |  |  | Г  |
| şeo  |                       | Total number of dependents cla   | imad shows   |   |  |  |   |  |  | ٠l   |
| gatrocijova)<br>den  | ۰,                    | Amount allowed, (Multiply \$300  | thed above   |   |  |  | • • • • • •   |  |  | ــا  |
|  | ~                     | AMOUNT SHOWER, (MUNICIPA 4500  |  | umber of denomin  | iante chima  | vianima ih i   |   |  |  |  |
|  |                       | Fatou account have and an asse   | oy ine lolei ni  | umber of depend   | ients claime   | d on line 1b.)   | 1 2   | le   | 3  | กกโ  |
| CV OTSTOR OWN  |                       | Enter amount here and on page  | 1, line 15   | <u> </u>  |  |  | 2_  |  |  |  |
| ZATE ENVE  | 7                     | Enter amount here and on page Residency • X Full Ye  | e 1, line 15<br>ear If you we  | re a part-year re   | sident of Al   | during 2006, in  | 2_dicate  | our perior   | d of residen   | e:   |
| PARTING  | 7                     | Residency Check only one box    Enter amount here and on page   X   Full Yes   | e 1, line 15<br>ear If you we<br>ear From  | re a part-year re   | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   |  | e:   |
| PATRIS VIII<br>General   | 1 2                   | Residency Check only one box  Check only one box  Check only one box   | e 1, line 15<br>ear If you we<br>ear From  | re a part-year re   | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   | d of residen   | e:   |
|  |                       | Enter amount here and on page Residency Check only one box    Part You Did you file an Alabama income  | e 1, line 15<br>ear If you we<br>ear From  | re a part-year re   | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   | d of residen   |  |
| General  | 2                     | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.   | e 1, line 15<br>ear If you we<br>ear From<br>tax return for  | re a part-year re<br>the year 2005?.  | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   | d of residen   | e:   |
| General  | 2                     | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of presidents  | e 1, line 15 ear If you was ear From tax return for ent employer(s   | re a part-year re<br>the year 2005?.  | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   | d of residen   | e:   |
| General<br>nformation  | 2                     | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of preservers  Flowers Baking  | e 1, line 15 ear If you was ear From tax return for ent employer(s   | re a part-year re<br>the year 2005?.  | sident of AL<br>2006 thre  | . during 2006, in  | 2<br>dicate   | our perior   | d of residen   | e:   |
| General<br>Information   | 2 3 4                 | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of preservers  Flowers Baking  Town  Spanse's  | e 1, line 15 ear If you was ear From tax return for ent employer(s   | re a part-year re<br>the year 2005?.  | esident of Al<br>2006 thre<br>X  | during 2006, in<br>ough<br>No  | dicate  | your period<br>2006. T   | d of residen<br>obel months  | e:   |
| General<br>Information<br>All<br>Faxpayers   | 2                     | Enter amount here and on page Residency Check only one box Did you file an Alabama income If no, state reason. Give name and address of presidents  Flowers Flowers Enter the  | et, line 15 ear If you was ear From tax return for ent employer(s Co of Ope  | re a part-year re the year 2005? . s):  | 2006 three   | . during 2006, in  | dicate  | your period<br>2006. T   | d of residen   | e:   |
| General<br>Information<br>All<br>Expayers<br>flust<br>Complete   | 2 3 4                 | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of pres Yours Flowers Baking Flowers   | el, line 15 ear if you was ear From tax return for ent employer(s Co of Ope  | the year 2005?.   | sident of Al 2006 thru. X Yes  | during 2006, in ough   | dicate  | 2006. T  | of resident of res | ce:  |
| Seneral<br>Information<br>All<br>Expayers<br>Rust<br>Complete<br>This  | 2 3 4                 | Enter amount here and on page Residency  Residency  Check only one box  Part You  Did you file an Alabama income If no, state reason.  Give name and address of pres  Your  Flowers Baking  Tour  Spouse's  Enter the as repe  | e 1, line 15 ear If you we ear From tax return for ent employer(s Co of Ope  | the year 2005?.   | esident of Al<br>2006 three<br>X Yes   | during 2006, in ough No No ederel Taxable  | dicate  | 2006. T  | of resident of res | e:   |
| Seneral<br>Information<br>All<br>Expayers<br>Rust<br>Complete<br>This  | 2 3 4                 | Enter amount here and on page Residency  Residency  Check only one box  Part You  Did you file an Alabama income If no, state reason.  Give name and address of pres  Your  Flowers Baking  pages  To you have income which is reported on  If yes, enter source(s) and amount  Residency  Residency  Part You  Pa | e 1, line 15 ear If you we ear From tax return for ent employer(s Co of Ope  | the year 2005?.   | esident of Al<br>2006 three<br>X Yes   | during 2006, in ough No No ederel Taxable in (other than your strefund)  | ncome   | our period<br>2006. T<br>■ \$ 54<br>efund)2  | of resident of res | e:   |
| Seneral<br>Information<br>All<br>Expayers<br>Rust<br>Complete<br>This  | 2 3 4                 | Enter amount here and on page Residency  Res | et, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unwavesar un your Federal return unt(s) below: (  | the year 2005?.   | and Fin.  and Fin.  and Fin.  income bax   | during 2006, in ough No  ederal Taxable In (other than your s  | ncome   | • \$ 54  | of resident of res | in the second se |
| Seneral<br>Information<br>All<br>Expayers<br>Tust<br>Complete<br>This  | 2 3 4                 | Enter amount here and on page Residency  Res | et, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unwavesar un your Federal return unt(s) below: (  | re a part-year re the year 2005? . s): elika LLC recome rax restur m, but no reported of  | and Fin.  and Fin.  and Fin.  income bax   | during 2006, in ough No  ederal Taxable In (other than your stretund)  Ar  | ncome   | • \$ 54  | of resident of res | in the second se |
| Seneral<br>Information<br>All<br>Expayers<br>Rust<br>Complete<br>This  | 2 3 4 5 6             | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of pres Yours Flowers Baking Your spaces's  Enter the as rept.  Do you have income which is reported on If yes, enter source(s) and amounts  Source  | e 1, line 15 ear If you was ear From tax return for ent employer(s Co of Ope   | the year 2005? .  s): elika LLC  commo rax restur m, but not reported of  | esident of Al 2006 three X Yes and F n. an your AL return income tax   | during 2006, in ough No  ederal Taxable In (other than your s  | ncome   | • \$ 54  | of resident of res | in the second se |
| Seneral<br>Information<br>All<br>axpayers<br>lust<br>Complete<br>his<br>ection   | 2 3 4 5 6             | Enter amount here and on page Residency  Res | e 1, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unavvocar m n your federal return this return fro this return fro  | the year 2005? .  s): elika LLC  corne rax restur m, but not reported of other than state   | and F n. and F n. income tax   | ederal Taxable in (other than your stretund) Ar Yes X No   | ncome<br>tale lax r   | • \$ 54  | of resident of res | in the second se |
| Seneral Information  All Saxpayers flust Complete This Section   | 2<br>3<br>4<br>5<br>6 | Enter amount here and on page Residency  Res | e 1, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unuvusear an | the year 2005? .  s): elika LLC  corne rax restur m, but not reported to ther than state  m a grantor trus 2, and 3 below.          | and F  and F  and F  compound Letter  income tax  (See Instru  | ederal Taxable in (other than your stretund)  Yes XNo  | Income tale lax recount   | • \$ 54  | of resident of res | in the second se |
| Seneral Information  All axpayers flust Complete This Section  | 2 3 4 5 6             | Enter amount here and on page Residency  Check only one box  Did you file an Alabama income If no, state reason.  Give name and address of pres Yours Flowers Baking Yours Spouse's Enter the as rept  Do you have income which is reported on If yes, enter source(s) and amount Source Source Do you have income included in For Direct Deposit of your refunct Routing Number:  | e 1, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unuvusear an | the year 2005? .  s): elika LLC  corne rax restur m, but not reported to ther than state  m a grantor trus 2, and 3 below.          | and F  and F  and F  compound Letter  income tax  (See Instru  | ederal Taxable in (other than your stretund)  Yes XNo  | ncome<br>tale lax r   | • \$ 54  | of resident of res | in the second  |
| Seneral Information  All axpayers tust complete his section  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15 ear If you was ear From tax return for ent employer(s Co of Ope an unavvocar m your federal return your federal return this return fro d, complete 1,   | the year 2005? . s): e1.1 ka LLC corne rax restur m, but not reported of other than state 2, and 3 below. 2 Typ                     | and F n. and F n. (See Instrue):  (See Instrue):  (See Instrue):  (Che   | ederal Taxable in (other than your stretund)  Ar  Yes X No  actions to see if  | ncome<br>tate lax r<br>nount<br>nount   | • \$ 54  efund)2   | of resident of the original months   | ie:  |
| Seneral Information  All axpayers flust Complete This Section  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | et, line 15 ear If you was ear From tax return for ent employer(s Co of Ope a unuvuesa un your Federal return fro this return fro this return fro of the Departm   | the year 2005? .  s): elika LLC  conno ax restur m, but not reported of other than state 2, and 3 below. 2 Typ  ment of Revenue     | and F  and F  and F  con your AL return income tax  (See Instruction Cheeter C | ederal Taxable  in (other than your streturn)  Ar  Yes X No.  citions to see if secking Simpy return and a   | ncome<br>tals lax r<br>nount<br>rou que   | \$ 54  efund)2  ants with n  | otal months , 269.   | N.   |
| Seneral Information  All Expayers Rust Complete This Section  PART V Direct Copposit   | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | et, line 15 ear If you was ear From tax return for ent employer(s Co of Ope a unuvuesa un your Federal return fro this return fro this return fro of the Departm   | the year 2005? .  s): elika LLC  conno ax restur m, but not reported of other than state 2, and 3 below. 2 Typ  ment of Revenue     | and F  and F  and F  con your AL return income tax  (See Instruction Cheeter C | ederal Taxable  in (other than your streturn)  Ar  Yes X No.  citions to see if secking Simpy return and a   | ncome<br>tals lax r<br>nount<br>rou que   | \$ 54  efund)2  ants with n  | otal months , 269.   | N.   |
| Seneral Information  All axpayers tust Complete his section  PARIV Direct seposit  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Ratify  Residency  Reside | e 1, line 15  ear If you we ear From tax return for tax return for co of Ope an unuvices and your federal return fro this return fro this return fro of the Departm of the Departm of the Departm of the Departm of the Departm  | the year 2005? .  s): elika LLC  conno : ax restur m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue  | and F  and F  and F  con your AL return income tax  (See Instruction of the control of the contr | ederal Taxable in (other than your stratund)  Ar  Yes XNo.  citions to see if scking Si  | income tate lax remount rount rount rount rount rount rount rount rount rount rount             | \$ 54 etund)2  ants with mat of any lorumy knowledge.  | otal months , 269.   | N.   |
| Seneral information  All saxpayers flust Complete flus section  PARTV  Direct Deposit  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you we ear From tax return for tax return for co of Ope an unuvices and your federal return fro this return fro this return fro of the Departm of the Departm of the Departm of the Departm of the Departm  | the year 2005? .  s): elika LLC  conno ax restur m, but not reported of other than state 2, and 3 below. 2 Typ  ment of Revenue     | and F  and F  and F  con your AL return income tax  (See Instruction Cheeter C | ederal Taxable in (other than your stratund)  Ar  Yes XNo.  citions to see if scking Si  | ncome tate lax r nount nount ttechnic ttechnic rbs beer has an                                  | \$ 54 etund)2  at of any brownedge. upation  | , 269.  Yes  | N.   |
| Seneral Information  All Information  All Information  All Information  Complete This Section  PARTA  Direct Deposit  Sign Here See a copy of Information  S | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  come tax  (See Instru  e: Che  to discuss  you gatedday  and information  Daytima teleph   | during 2006, in ough sold and  | ncome tate lax r nount nount rou que svings ttachere to the be sr has an Your occ Dist:         | • \$ 54  efund)2  ants with many lorses y howeledge.   | , 269.  Yes  | Nw.  |
| Seneral Information  All Information  All Information  All Information  Complete This Section  PARTA  Direct Deposit  Sign Here See a copy of Information  S | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Residency  Ratify  Residency  Reside | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  con your AL return income tax  (See Instruction of the control of the contr | during 2006, in ough sold and  | ncome tate lax r nount nount rou que svings ttachme to the ba re has an Your occ Dist: Spouse's | • \$ 54  efund)2  ents with many howeledge. upation cocupation   | yes []   | No.  |
| Seneral information  All axpayers flust Complete his section  PARTV Direct Deposit  Sign lere a copy of less return for  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  (See Instrume:  Che  to discuss to  | during 2006, in ough sold and  | ncome tate lax r nount nount rou que svings ttachme to the ba re has an Your occ Dist: Spouse's | etund)?  • \$ 54  etund)?  • tof any brawledge.  upation to ccupation  attive ?  | y preparer.  | No.  |
| Seneral information  All axpayers flust Complete his section  PARTV Direct Deposit  Sign lere a copy of less return for  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  come tax  (See Instru  e: Che  to discuss  you gatedday  and information  Daytima teleph   | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | • \$ 54  efund)2  ents with many howeledge. upation cocupation   | y preparer.  | No.  |
| Seneral Information  All Information  All Information  All Information  Complete This Section  PARTA  Direct Deposit  Sign Here See a copy of Information  S | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  (See Instrume:  Che  to discuss to  | during 2006, in ough sold and  | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | etund)?  • \$ 54  etund)?  • tof any brawledge.  upation to ccupation  attive ?  | y preparer.  | No.  |
| General Information  Faxpayers Flust Complete This Section  PART V  Direct Deposit  Sign Fere Greep a copy of this return for our records.   | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  Che  to discuss to discuss and on wit information to the properties of the proper | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | etund)?  • \$ 54  etund)?  • tof any brawledge.  upation to ccupation  attive ?  | y preparer.  | No.  |
| General Information  All Iaxpayers Rust Complete This Section  PARTV Direct Deposit  Sign Here Leep a copy of this resum for our records.  | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  Che  to discuss to discuss and on wit information to the properties of the proper | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | etund)?  • \$ 54  etund)?  • tof any brawledge.  upation to ccupation  attive ?  | y preparer.  | No.  |
| General Information  All Faxpayers Must Complete This Section  PART Direct Deposit  Sign Here Geep a copy of this return for your records.   | 2 3 4 5 6 7 1 3       | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  Che  to discuss to discuss and on wit information to the properties of the proper | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | etund)?  • \$ 54  etund)?  • tof my brandedge.  praibutor  occupation  attive /  | y preparer.  | No.  |
| General Information  All Faxpayers Rust Complete This Section  PART V  Direct Deposit  Sign Here Leep a copy of this return for our records.   | 2 3 4 5 6 7 1 3 F F F | Enter amount here and on page Residency  Residency  Check only one box  Part Your  Did you file an Alabama income If no, state reason.  Give name and address of president  Flowers  Flowers  Baking  Your  Flowers  Baking  Your  Flowers  Baking  Your  Source  Do you have income which is reported on If yes, enter source(s) and amount  Source  Do you have income included in  For Direct Deposit of your return  Routing Number:  Account Number:  Accou | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  and F  and F  and F  con your AL return income tax  (See Instrume:  Che  to discuss to discuss and on wit information to the properties of the proper | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | • \$ 54  efund)?  • tof my brown with residence of the second of the | y preparer.  | No   |
| General Information  All Faxpayers Rust Complete This Section  PART V  Direct Deposit  Sign Here Leep a copy of this return for our records.   | 2 3 4 5 6 7 1 3 F F F | Enter amount here and on page Residency  Res | e 1, line 15  ear If you was ear From tax return for ent employer(s Co of Ope an uxuvuser en n your federal return unt(s) below: ( this return fro d, complete 1, of the Departm ave examined his s of preparer (other   | the year 2005? .  s): elika LLC  corne   ax restur  m, but not reported of other than state  2, and 3 below. 2 Typ  ment of Revenue | and F  | ederal Taxable  In (other than your strefund)  Ar  Yes XNo  ctions to see if secking Si  my return and a sand statements, and statements, and statements and | ncome tate lax r nount rou que svings ttachere te the be r has an Your occ Dist: Spouse's Execu | etund)?  • \$ 54  etund)?  • tof my brandedge.  praibutor  occupation  attive /  | y preparer.  | No.  |

SCHEDULES A, B, CR, & DC (FORM 40)



#### ALABAMA DEPARTMENT OF REVENUE Schedule A - Itemized Deductions 2006

(Schedules B, CR and DC are on page 2)

ATTACH TO FORM 40 — SEE INSTRUCTIONS FOR SCHEDULE A

| Name(s) as shown (          | m Fon             | n 40   | ,               | .,                                      | T       |       | ,ber                                    |      |
|-----------------------------|-------------------|--|-----------------|---|---------|-------|---|------|
| Lew E and                   | Su.               | san R Baxter   |                 |   |         |       | _                                       |      |
| The itemized de             | educt             | ions you may claim for the year 2006 are similar to the iten   | nized           | deductions claimed <b>on</b> y          | /our    | rec   | rerai return, nowever, the              | e    |
| of the year sho             | limer.<br>uld lis | Please see instructions before completing this schedule. Fit below only those deductions actually paid white a resider | 'ART-1<br>ntofA | rear residents: A re<br>Ishama          | side    | :Oi ( | of Alabama for only a par               | rt   |
| or old your division        |                   | CAUTION: Do not include expenses reimbursed or paid by others.   | 1               |   |         | Г.    |   | T    |
|                             | 1                 | Medical and dental expenses  | 1               |   | 00      |       |   |      |
| Medical and                 |                   | Enter amount from  | <del>  -</del>  |   |         |       |   | 1    |
| Dental<br>Expenses          | _                 | Form 40, line 11 2   |                 |   |         |       |   |      |
| (See instructions)          | 3                 | Multiply the amount on line 2 by 4% (.04). Enter the result  | 3               |   | 00      |       |   |      |
|                             | 4                 | Subtract line 3 from line 1. Enter the result, If zero or less   | , ente          | r -0· . ,                               | .,.     | 4     | <u>• (</u>                              | 3 00 |
|                             | 5                 | Real estate taxes  | 5               | 434                                     | 00      |       | , |      |
|                             | 6                 | FICA Tax (Social Security & Medicare) and Federal Self-Employment Tax  | 6               | 5,786                                   | nn      | ĺ     |   | J    |
| Taxes You                   |                   |  | 1 7             | 5, 100                                  | 80      |       |   |      |
| Paid<br>(See instructions)  |                   | Railroad Retirement (Tier 1 only)  | -               |   | -       |       |   |      |
|                             | .0                | Online (1992) / Clist - Hichard be south brober?   | l a             |   | 00      | ŀ     |   |      |
|                             | 9                 | Add the amounts on lines 5 through 8. Enter the total here   | _               |   |         | 9     | • 6,220                                 | ook  |
|                             |                   | Home modgage interest & points reported to you on Federal Form 1038 .  | 10 =            |   | 00      | -     |   |      |
| Interest You                |                   | Statement 2  | -AF. =          |   |         |       |   | 1    |
| Paid                        |                   | Huma mortgage int not reported to you on Fed Form 1098. (If paid to an   |                 |   |         |       |   |      |
| (See instructions)          |                   | individual, show that person's name & addr.) >-  | {               |   |         |       |   |      |
|                             |                   |  | 1               |   |         |       |   | 1    |
| NOTE:                       |                   |  | 1оь             |   | 00      |       | ĺ                                       |      |
| Personal<br>interest        | 11                | Points not reported to you on Form 1098  | 11              |   | 00      |       |   | 1    |
| is not                      |                   | Investment interest (Attach Form 4952A)  |                 |   | 00      |       |   |      |
| deductible.                 |                   | Add the amounts on lines 10a through 12. Enter the total   |                 |   |         | 13    | • 8,293                                 | 100  |
|                             |                   | CAUTION: If you made a charitable contribution and   |                 | , |         | _     | · · · · · · · · · · · · · · · · · · ·   | 1    |
| Gifts to                    |                   | received a benefit in return, see instructions.  |                 |   |         | 1     | '                                       | 1    |
| Charity                     | 14                | Contributions by cash or check. See . Statement . 3  | 14              | 1,630                                   |         |       |   | 1    |
| See instructions)           | 15                | Other than cash or check. (You MUST att Fed Form 8283 if over \$500.) .  | 15              | 400                                     |         |       |   | 1    |
|                             | 16                | Carryover from prior yearSee .\$tatement4  | 16              |   | 00      |       |   | 1    |
|                             | 17                | Add the amounts on lines 14 through 16. Enter the total here   |                 |   |         | 17    | • 2,030                                 | 100  |
| Casualty and                | 18a               | Enter the amount from Federal Form 4684, line 16 (See instructions)  | .18 a           |   | 00      |       |   | 1    |
| Theft Loss                  | ь                 | Enter 10% of your adjusted gross income (Form 40, line 11)   | 18b             |   | ÒŌ      |       |   | l.   |
| (Attach Form 4684)          | c                 | Subtract line 18b from line 18a, If zero or less, enter -0   |                 |   |         | 18c   | • 0                                     | 00(  |
|                             | 19                | Unreimbursed employee expenses — job travel, union dues, job   |                 |   |         |       |   | 1    |
|                             |                   | education, etc (You MUST attach Federal Form 2106 if required.   |                 | ·                                       |         |       |   | ı    |
|                             |                   | See instructions.) ►   |                 | ,                                       |         |       |   | ı    |
|                             |                   |  |                 |   |         |       |   |      |
| Job Expenses<br>and Most    |                   |  | 19              |   | 00      |       |   |      |
| Other                       | 20                | Other expenses (investment, lax preparation, sale deposit box, etc).   |                 |   |         |       |   | ı    |
| Miscellaneous<br>Deductions |                   | List type and amount =   |                 |   |         |       |   | ı    |
| (See instructions)          |                   |  | 20              |   | 00      |       |   |      |
|                             | 21                | Add the amounts on lines 19 and 20. Enter the total  | 21              |   | OQ      |       |   |      |
|                             | 22                | Multiply the amount on Form 40, line 11 by 2% (.02).   |                 |   |         |       |   | 1    |
|                             |                   | Enter the result here  | 22_             |   | 00      |       | _                                       | ١.,  |
|                             | 23                | Subtract line 22 from line 21. Enter the result. If zero or le   | șs, en          | ter -0                                  |         | 23    | • 0                                     | 00   |
|                             | 24                | Other (from list in instructions). List type and amount >  |                 |   |         |       |   | ı    |
| Other                       |                   |  |                 |   | _       |       |   | ı    |
| Other<br>Miscellaneous      |                   |  |                 |   | _       |       |   | 1    |
| Deductions                  |                   |  |                 |   |         |       |   |      |
|                             |                   |  |                 |   |         | 24    | • · 0                                   | 00   |
| Qualified Long-             |                   | CAUTION: Do not include medical premiums.  |                 | . ==                                    |         |       |   |      |
| Ferm Care ins<br>Premiums   | 25                | Enter amount here  |                 | ********                                | ا ا     | 25    | • 0                                     | 00   |
| Total Itemized              |                   | Add the amounts on lines 4, 9, 13, 17, 18c, 23, 24, and 25   |                 |   |         |       |   |      |
| Deductions                  | 20                | enter on Form 40, page 1, line 12  | · · · · ·       | . Pic formings that                     | <u></u> | 26    |   |      |
| N                           | -                 |  |                 |   |         |       | Schedule A (Form 40)                    |      |
| 7                           |                   | ALIADZUIL 10/13/   | 06              |   |         |       |   | AL30 |

ALIADZ01L 10/13/05

Bax 000175

CONFIDENTIAL

FORM 2210AL



2006

#### ALABAMA DEPARTMENT OF REVENUE Estimated Tax Penalties for Individuals SEE SEPARATE INSTRUCTIONS . ATTACH TO FORM 40 OR FORM 40NR

Name(s) as shown on tax return

Lew E and Susan R Baxter

If all of the following apply, complete Part I only. If A, B and C apply, but D does not, skip Part I and complete Part II. Under no circumstances will you be subject to both penalties

- A You had income other than wages or salaries in excess of \$3,750.00 for taxpayers filing joint returns, or \$1,875.00 for single taxpayers (including head of family or married filing separately);
- B The amount of tax you owe (line 27 of Form 40 or tine 25 of Form 49NR) without regard to any payments made with extension exceeds \$100.00; and
- C You did not pay in through withholding or estimated tax payments either 100% of your previous year's tax liability or 90% of your current year's tax liability; and
- You did not make any quarterly estimated tax payments for 2005.

|      | Research and the state of the s |         |                        |             |
|------|--|---------|------------------------|-------------|
| _    | Enter your 2006 net tax due after credits (line 20a of Form 40 or line 21 of Form 40NR)  | 1       | 2,478                  | n           |
| 2    | Enter the net tax due as shown on your 2005 return (filtre 20a of Form 40 or line 21 of Form 40NR)   | 2       | 2,158                  | ő           |
| 3    | Enter all Alabama income tax withheld for 2006. If line 3 is greater than or equal to line 2. STOP.  |         |                        | Г           |
| _    | you do not awe the penalty   | 3       | 891                    | 0           |
| 4    | Total underpayment for the year. Subtract line 3 from line 1, If zero or less, stop here, you do not owe this penalty.   | 4       | 1,587                  | 0           |
| 5    | If the amount on line 4 is less then \$500.00, enter \$50.00, if not, multiply the amount on line 4 by 10% (.10) and enter the result here and on line 28 of Form 40 or line 27 of Form 40NR, This is your estimated tax penalty.  | 5       | 159                    | 0           |
|      | kalasun grasini stiologenaliya   |         |                        | -15         |
| iecl | Jon A - Required Annual Payment, Complete this section if you made estimated tex payments for 2006 and the tax due on your   | 2006 re | dum exceeded \$100.00. | _           |
| 1    | Enter your 2006 net tax due after credits from line 20a of Form 40 or line 21 of Form 40NR   | 1       |                        | 0           |
| 2    | Multiply line 1 by 90% (.90)   | Ė       |                        | ۳           |
| 3    |  |         |                        |             |
| _    | Enter the net tax due as shown on your 2005 return (line 20a of Form 40 or line 21 of Form 40NR)   |         | l i                    |             |
| 4    | Alabama Income Tax Withheld for  |         |                        |             |
| ·    | 2005. Do not include any estimated tax   |         | l l                    |             |
|      | payments on this line  |         |                        |             |
| 5    | Estimated taxes paid for 2005 5  |         |                        |             |
|      |  |         |                        |             |
| 6    | Add lines 4 and 5. Enter result here 6 00 20 4 4 4 4 4   |         | = 1                    |             |
|      | If line 5 is greater than or equal to lines 2 or 3, STOP HERE, you do not owe this penalty.  DO NOT FILE Form 2210AL.  |         |                        |             |
|      |  |         |                        |             |
| 7    | Subtract line 4 from line 1. This is your Required Annual Payment. If less than \$100.00, stop here; do not complete or file this form. You do not owe the penalty   | 7       |                        | 01          |
| ect  | ion B — Short Method. If your income varied during the year, you may want to calculate this penalty using the Quarterly Method on p  | 295 Z   |                        | _           |
|      |  |         |                        |             |
|      | Required Annual Payment for 2005 (from line 7, Part II above)  | 8       |                        | Q           |
| 9    | Estimated taxes paid for 2006 (from line 5, Part II above)   |         | 1                      |             |
| 10   | Total underpayment for year. Subtract line 9 from line 8. If zero or less, stop here; you do not owe the penalty.  | 10      |                        | 06          |
| 11   | Multiply line 10 by .06  | 11      |                        | 01          |
|      | • If the amount on line 10 was paid on or after 4/15/07, enter -0  |         |                        |             |
|      | <ul> <li>If the amount on line 10 was paid before 4/15/07, make the following computation to find the amount<br/>to enter on line 12.</li> </ul>   |         |                        |             |
|      | Amount on Number of days paid ine 10 X before 4/15/07 X .00016   | 12      | 0                      | υt          |
|      |  | -       |                        | -           |
| 13   | Penalty. Subtract line 12 from line 11. Enter the result here and on line 28 of Form 40 or line 27 of Form 40NR.   | 13      |                        | 00          |
|      | ALIA9612L 12/07/06   |         | AL30 Form 2210AL (20   | <b>10</b> 6 |

Bax 000176

CONFIDENTIAL

#### SCHEDULE C (Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

Revised for Alabama

Partnerships, joint ventures, etc., must file Form 1065 or 1065-8.

Attach to Form 1040, 1040NR, or 1041. See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074 2006 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service (99)

| ama | of proprietor  |            |   |             |  |            |               | <del>-</del>                          |
|-----|--|------------|---|-------------|--|------------|---------------|---------------------------------------|
|     | E Baxter   |            |   |             |  | •          |               |                                       |
| Α   | Principal business or profession, including  | product or | r service (see instructions)                        |             |  |            |               |                                       |
|     | Distributor  |            |   |             |  |            |               |                                       |
| С   | Businese rame, il no separate farsiness na   | me, ksve   | blank.  |             |  | D Emp      | doyer ID ne   | mber (EIN), if any                    |
| _   | <del></del>  |            | <del></del>   |             |  |            |               |                                       |
|     | Business address (recluding salts or room r<br>City, town or post office, abste, and 23P cost    | 10.)       |   |             |  |            |               |                                       |
|     |  | Cash       | (2) Accrual (3                                      | 3)          | Other (specify) >  |            |               |                                       |
| G   | Did you 'materially participate' in  | the ope    | eration of this business                            | dur         | ing 2005? If 'No,' see instructions for                                      | r Ilimit o | n losses.     | X Yes No                              |
|     |  | siness c   | turing 2006, check her                              | ę.,         | ·,, <u></u>  | <u></u>    |               |                                       |
| Par | Income   |            |   |             |  | -,         |               |                                       |
| 1   |  | form w     | as checked, see the in                              | stru        | ctions and check here  |            | 1             | 81,668.                               |
|     |  |            |   |             |  |            | 2             |                                       |
|     |  |            |   |             |  |            | 3             | 81,668.                               |
| 4   | Cost of goods sold (from line 42   | on page    | <b>:</b> 2)   | • • • •     |  |            | 4             | <del> </del>                          |
| _   |  |            |   |             |  |            | _             | 01 660                                |
|     |  |            |   |             |  |            | $\overline{}$ | 81,668,                               |
| 6   | Other income, including federal a  | nd stat    | e gasoline or fuel tax o                            | redi        | t or refund.,,   |            | 6             |                                       |
|     |  |            |   |             |  | _          | 4             | 01 660                                |
|     |  |            |   |             |  |            | 7.            | 81,668.                               |
|     | Expenses. Enter exp  |            | or business use of you<br>73.                       |             |  |            | 18            | 17.                                   |
| 8   | Advertising  | .8         | , /3.   |             | Office expense   |            | 19            | 11.                                   |
| 9   | Car and truck expenses   |            | 7 040   |             | Pension and profit-sharing plans   |            |               |                                       |
|     | (see instructions)   | 9          | 7,040.  |             | Rent or lease (see instructions):  |            | 20a           |                                       |
| 70  | Commissions and fees   | 10         | · - · · · · · · · · · · · · · · · · · ·             |             | Vehicles, machinery, and equipme   |            | 20 в          |                                       |
| 11  | Contract labor   | [          |   |             | Other business property  |            | $\overline{}$ | 2,535.                                |
|     | (see instructions)   | 11         |   |             | Repairs and maintenance  |            | 21 22         | 333.                                  |
|     | Depletion  | 12         |   |             | Supplies (not included in Part III). Texes and licenses                      |            | 23            | 333,                                  |
| 13  | Depreciation and section<br>179 expense deduction  |            |   | _           |  |            | 7             |                                       |
|     | (not included in Part III)   | 13         |   |             | Travel, meals, and entertainment:  |            | 24a           |                                       |
|     | (see instructions)   | 13         | <del> </del>  | <b>'</b>    | # 1104cr   |            |               | <del></del>                           |
| 14  | Employee benefit programs (other than on line 19)  | 14         |   | ١,          | Deductible meals and entertainmen  | st         | 24b           | 491.                                  |
| 16  | Insurance (other than health)  | 15         | 3,266.  | 25          | = :  |            | 25            | 1021                                  |
|     | Interest:  |            | 3/290.  |             | Wages (less employment credits).   |            | 26            |                                       |
|     | Mortgage (paid to banks, etc)  | 16a        | 2,809.  | 27          |  |            | 27            | 17,776.                               |
|     | Other  | 166        | ,2,000.   |             | mine anderstand fremett terre an mit beille gift t.                          |            | 88            |                                       |
|     | Legal & professional services  | 17         |   |             |  |            |               | - Markey                              |
| _   |  |            | iness use of home. Ad                               | d lin       | es 8 through 27 in columns   |            | 28            | 34,340,                               |
|     |  | -          |   |             | •  |            |               |                                       |
| 29  | Tentative profit (loss), Subtract li   | ne 28 fr   | am line 7   |             |  |            | 29            | 47,328.                               |
|     | Expenses for business use of you   |            |   |             | ,  | <i>.</i>   | 30            |                                       |
| 31  | Net profit or (loss). Subtract line  | 30 tram    | 1 line 29.  |             |  |            | T             |                                       |
|     | • If a profit, enter on both Form  | 1040, Ri   | ne 12, and Schedule \$                              | E, lir      | ne 2 or on Form  |            |               |                                       |
|     | 1040NR, line 13 (statutory employ Form 1041, line 3.   | ees, se    | e instructions). Estate                             | s an        | o trusts, enter on   |            | 31 .          | 47,328.                               |
|     | <ul> <li>If a loss, you must go to line 3</li> </ul>   | 2.         |   |             |  |            |               |                                       |
| 32  | If you have a loss, check the box  |            | escribes vour investme                              | nt in       | this activity (see instructions).  |            |               |                                       |
|     | •  |            |   | _           |  | 7          |               | All Incomp 4 1-                       |
|     | <ul> <li>If you checked 32a, enter the I</li> <li>1040NP line 13 (statutory employed)</li> </ul> | OSS OF !   | both Form 1949, line 1:<br>se instructions). Estate | z,ar<br>san | nd Schedule SE, line 2, or on Form<br>nd trusts, enter on Form 1041, line 3. | - 1        | 32 a 🗆        | All investment is at risk.            |
|     | Total into to (statetes) estiple)  | 2001 30    |   |             |  |            |               | <b>.</b>                              |
|     | <ul> <li>If you checked 32b, you must:</li> </ul>  | attach F   | Form 6198. Your loss n                              | nav I       | be limited.  | J          | 32b 🗆         | Some investment is not at risk.       |
| RAA | For Paperwork Reduction Act N  |            |   |             |  |            |               | C (Form 1040) 2006                    |
| 1   | . o. r epoimoin neuconon not it  | - 444      |   |             |  |            |               | 4 · · · · · · · · · · · · · · · · · · |
| 1   |  |            | FOX   | 20112       | 11/03/06   |            |               |                                       |
|     |  |            |   |             |  |            | - ·           | 000477                                |

CONFIDENTIAL

|        | 2100 | dule C (Form 1040) 2006 Lew E Baxter Cost of Goods Sold (see instructions)  | -              |                  | _              | Page 2            |
|--------|------|---|----------------|------------------|----------------|-------------------|
|        |      | Cost of Goods Sold (see instructions)  Method(s) used to value closing inventory: a   Cost     Lower of cost or market   c   Other (attach  | exmis          | nation           | <u> </u>       |                   |
| b      |      | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?  If 'Yes,' attach explanation.  | Ungric.        |                  | v<br>□Yes      | ∏No               |
| ~      | 35   | Inventory at beginning of year. If different from last year's closing inventory, attach explanation   | 35             |                  |                |                   |
|        | 36   | Purchases less cost of items withdrawn for personal use   | ,36            |                  |                | · .               |
|        | 37   | Cost of labor. Do not include any amounts paid to yourself  | 37             | _                |                |                   |
|        | 38   | Materials and supplies,   | 38             | -                |                |                   |
|        | 39   | Other costs   | 39             |                  |                |                   |
|        | 40   | Add lines 35 through 39   | 40             |                  |                |                   |
|        | 41   | inventory at end of year  | 41             |                  |                |                   |
|        |      | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  |                |                  |                |                   |
|        |      | Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file                               | soni<br>Fomi   | ine 9 a<br>4562, | and are n      | ot                |
|        | 44   | When did you place your vehicle in service for business purposes? (month, day, year)  Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle during see instructions)  COther |                |                  |                | _                 |
|        |      | Do you (or your spouse) have another vehicle available for personal use?  |                |                  | Yes            | ∏No               |
| 6<br>7 | 0    | Was your vehicle available for personal use during off-duty hours?  |                |                  | Yes            | ∏No               |
|        |      | Do you have evidence to support your deduction?   |                |                  | Yes            | ∏.No              |
|        |      | If "Yes," is the evidence written?  |                |                  | Yes            | No                |
|        |      | Other Expenses, List below business expenses not included on lines 8-26 or line 30.   |                |                  |                |                   |
|        | See  | Statement 5   |                |                  |                |                   |
|        |      |   |                | -                |                |                   |
|        |      |   | <del>-</del> - |                  |                |                   |
|        |      |   |                |                  |                |                   |
|        |      |   |                | $\vdash$         | _              |                   |
|        |      |   |                |                  |                |                   |
|        |      |   |                |                  | _              |                   |
|        |      |   |                |                  |                |                   |
|        |      |   |                | -                |                |                   |
|        | 48   | Total other expenses. Enter here and on page 1, line 27   | 48<br>Sched    | ule C            | 17<br>(Farm 10 | ,776.<br>40) 2006 |
|        | )    | FDIZ0112L 11-03/06  |                |                  | 4. —.n. 10     | ,                 |
| -      |      |   |                |                  |                |                   |

CONFIDENTIAL

| 2006  | Alabama Statements          | Page 1   |
|---|-----------------------------|--|
|   | Lew E and Susan R Baxter    |  |
| Statement 1<br>Form 40, Part I, Line 8<br>Other Income<br>Huntingdon College<br>Roman Meal Company  | Tota                        | \$ 850<br>2,698<br>al \$ 3,548   |
| Statement 2<br>Schedule A, Line 10a<br>Home Mortgage Interest/  | Points Reported to You Tota | \$ 8,293<br>al \$ 8,293  |
| Statement 3 Schedule A, Line 14 Contributions by Cash or Auburn University East Memorial Baptis Various Charities                                   | t Church                    | \$ 400<br>620<br>610<br>\$ 1,630   |
| Statement 4 Schedule A, Line 15 Contributions other than Salvation Army   | Cash/Check<br>Tota          | 1 \$ 400<br>\$ 400   |
| Amortization.  Casual Labor.  Dues and Subscriptio  Equipment Rental  Other Operating Expe  PBS Shrink Charge  Relief Driver  Telephone.  Uniforms. | ns<br>nses<br>ties          | 2,857.<br>5,870.<br>76.<br>1,371.<br>2,850.<br>28.<br>447.<br>1,809.<br>190.<br>1,352. |

|     | Form 1040 (2006)                               | Lew E and Susan R Baxter   | 2 د                                |
|-----|--|--|------------------------------------|
|     | Tax and  |  | 38 77,131.                         |
|     | Credits  | 39a Check You were born before January 2, 1942, Blind. Total boxes   |                                    |
|     | Standard<br>Deduction                          | 15.  |                                    |
|     | for —  |  | 4012,962.                          |
|     | <ul> <li>People who checked any box</li> </ul> |  | 64,169.                            |
|     | on line 39a or<br>39b or who can               |  | 0.000                              |
|     | be claimed as a                                | instructions. Otherwise, multiply \$3,360 by the total number of exemptions claimed on line 6d   | 9,900.                             |
|     | dependent, see instructions.                   | If line 42 is more than line 41, enter -0-   | 43 54,269.                         |
|     | All others:                                    |  | 7,386.                             |
|     |  |  | 45 0.<br>46 7,386.                 |
|     | Single or Married filing separately,           | 46 Add lines 44 and 45   | W 169                              |
|     | \$5,150  | 48 Credit for child and dependent care expenses, Attach Form 2411  | *                                  |
|     | Married filing                                 | 49 Credit for the etderly or the disabled, Attach Schedule R 49  |                                    |
|     | jointly or<br>Qualifying                       | 50 Education credits. Attach Form 8863   |                                    |
|     | widow(er),                                     | 51 Retirement savings contributions credit. Attach Form 8880 51  |                                    |
|     | \$10,300                                       | 52 Residential energy credits. Attack Form 5695  |                                    |
|     | Head of household,                             | 53 Child tax credit (see instructions). Attach Form 8901 if required   | <b>*</b>                           |
|     | \$7,550  | 54 Credits from: a Form 8396 b Form 8339 c Form 8859. 54  55 Other credits. Check applicable box(es): a Form 3800  |                                    |
|     |  | b Form c Form 55   |                                    |
|     |  | 56 Add lines 47 through 55. These are your total credits   | 1,000.                             |
|     |  |  | 6,386,                             |
|     | <b></b>  |  | 58 501.                            |
|     | Other<br>Taxes                                 |  | 50                                 |
|     | reacs  |  | 51                                 |
|     |  |  | 2                                  |
|     |  |  | 6,887.                             |
|     | Payments                                       |  |                                    |
|     | If you have a                                  | 65 2006 estimated tax payments and amount applied from 2005 return   | 1                                  |
|     | qualifying child, attach                       | b Nunlacable combat pay election   | 4                                  |
|     | Schedule EIC.                                  | 67 Excess social security and tier 1 HR1A tax withheld (see instructions) 67   |                                    |
|     |  | 68 Additional child tax cradit. Attach Form 8812   | al de                              |
|     |  | 69 Amount paid with request for extension to file (see instructions)   |                                    |
|     |  | 71 Credit for federal telephone excise tax paid. Atlach Form 8913 if required 71 50.   |                                    |
|     |  | 73 Add finan 64 65 66s and 67 through 71   | 1,098.                             |
| •   | Refund   |  | j j                                |
|     | Direct deposit?                                |  | 4a                                 |
|     | See instructions<br>and fill in 74b.           | ▶ b Routing number ▶ c Type: Checking Savings  |                                    |
|     | 74c, and 74d or<br>Form 8888.                  | ► d Account number   |                                    |
|     | Amount   |  | 6,016.                             |
|     | You Owe  | 77 Estimated tax penalty (see instructions)  |                                    |
| •   | Third Party                                    | Do you want to allow another person to discuss this return with the IRS (see instructions)?  | ete the following. No              |
|     | Designee                                       | Designee's Preparer Penname Preparer Penname Penname Penname Penname Penname   | sonal identification<br>nber (PIN) |
|     | Sign   | Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best<br>belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer | t of my knowledge and              |
|     | Here   |  | Daytime phone number               |
|     | Joint return?<br>See instructions.             | Distributor  |                                    |
|     | Кеер а сору                                    | Spouse's signature. If a joint return, both must sign. Date Spouse's occupation  |                                    |
|     | for your records.                              | Executive Assistan   |                                    |
|     |  | Preparer's   | Preparer's SSN or PTW              |
|     | Paid   | signature   Check if self-employed   A   |                                    |
|     | Preparer's<br>Use Only                         | Firm's name Frank V. Jones\ CPA (or yours W  |                                    |
| 200 | out only                                       | self-employed) EIN address, and ZIP code Phone no.   |                                    |
|     |  | See Statement 3 6,156  | Form 1040 (2006)                   |
| 1   |  | FDIA0172L 11/07/06   | ,                                  |
|     |  |  |                                    |

CONFIDENTIAL

Frank V. Jones, CPA 87-0702621

| DETACH ALONG THIS LINE AND MAIL VOUCHER WITH YOUR FULL PAYMENT   |               |                         |
|--|---------------|-------------------------|
| FORM 4868A 2006  |               |                         |
| ALABAMA DEPARTMENT OF REVENUE Application for Extension of Timo To File Alabama Income Tax Returns   |               |                         |
| For the year January 1—December 31, 2006, or other tax year beginning 2006, ending  Your first hante and initial (if loint return, also give accused first name and maken). Last name  |               |                         |
| • Lew E and Susan R Baxter   |               |                         |
|  |               | •                       |
| Cây, town or post office, state, cor coue  | FEIN (For     | m 41 or 65)             |
|  |               |                         |
| Deatsville, AL 36022   |               |                         |
| Deatsville, AL 36022  1 An application is hereby made for a 6 month extension of time to file the following Alabama Income Tax Return:    X   Form 40, 40A, E40, or 40NR   Partnership Form 6S   Fideciary (Estate or Trust) Form 41   | FN            | (For official use only) |
| 1 An application is hereby made for a 6 month extension of time to file the following Alabama Income Tax Return:  • X Form 40, 40A, E40, or 40NR • Partnership Form 65 • Fiduciary (Estate or Trust) Form 41  2 APPLICABLE TO FORMS 40, 40A, E40, 40NR, and 41 ONLY. If you anticipate owing additional tax when your return is filted, you may pay this    Full payment of the amount entered must be paid with | amount with t | this application.       |
| 1 An application is hereby made for a 6 month extension of time to file the following Alabama Income Tax Return:  • X Form 40, 40A, E40, or 40NR  • Partnership Form 6S  • Fiduciary (Estate or Trust) Form 41  2 APPLICABLE TO FORMS 40, 40A, E40, 40NR, and 41 ONLY. If you anticipate owing additional tax when your return is filted, you may pay this   | amount with i | this application.       |

# **BAXTER DEFENDANT'S EXHIBIT** 34

| SECTION: 63  | STR 1101 4 FT TORTILLA SECTION   | STORE: 1101  |
|--|--|--|
|  |  |  |
|  |  | 0004856400020  |
| 2: 0009575700126<br>   | 1   0007874205841  | 0004856406020<br>GUEN TOSTADA<br>AMARIL<br>20<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>140Z<br>1 |
|  | 22 inch SHELF in Notch 61  | 4 (  |
| 0002733101004<br>LB 6 NATURA CORN36CT<br>10041<br>2702<br>OLE: | G 00078Z42018Z0 7<br>GV 6 CORN TORIT 30CT 2842 27.5OZ GVOM1  | 0009575700123  |
| 9007379190240  | 22 inch SHELF in Notch 51  10  0007373100425  WS FF SFT TACO TORTI  GRAIN  |  |
| -MS MOLTI-GHN SFT TAO<br>-00240.<br>-17:50Z<br>-MS4            | MS FE SET TACQ TORT   GRAIN   69485   13.702   13.702   12.100   13.702   1 | 90455<br>72.702  |
| 0007373160285<br>MS JACAPENO CHEDDAR<br>00285<br>1507          | 12   | RITOTOCI   |
| MS4  | OLEY OLEY OLEY   |  |
|  | 19   | , , , , , , , , , , , , , , , , , , ,  |
| 0007373100830  | #83 PACK20CT MI-CA<br>#83 00032 FL69V<br>17.50Z 22.50Z 750Z  | 225001751_<br>A-10-CT-8-S-TAC  |
| MS4  | MS4   OLE1   FLOT  | AM :   |
| 0007373100415<br>- MS SFT-TAGO 100T                            | 22 23 23 23 23 23 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25  | IRRITO   |
| 00415<br>17.50Z  | 2848   | 1134   |
|  | 22 Inch SHELF in Notch 11  |  |
| 0007373400419<br>MS BURRIPO TORF BET<br>00410                  |  | EGIONAL SPACE  |
| - 20 OZ  | 250Z————————————————————————————————————   | ·  |
| 48.79 Self   | 24 inch SHELF in Base  |  |

REGIONAL BRANDS CONT'D: EL MILAGRO, CHARRAS, TUMARO'S, TORTILLERIA AMERICA REGIONAL BRANDS CONT'D: CHERVITO MORADO, GREAT VALUE, TONITA

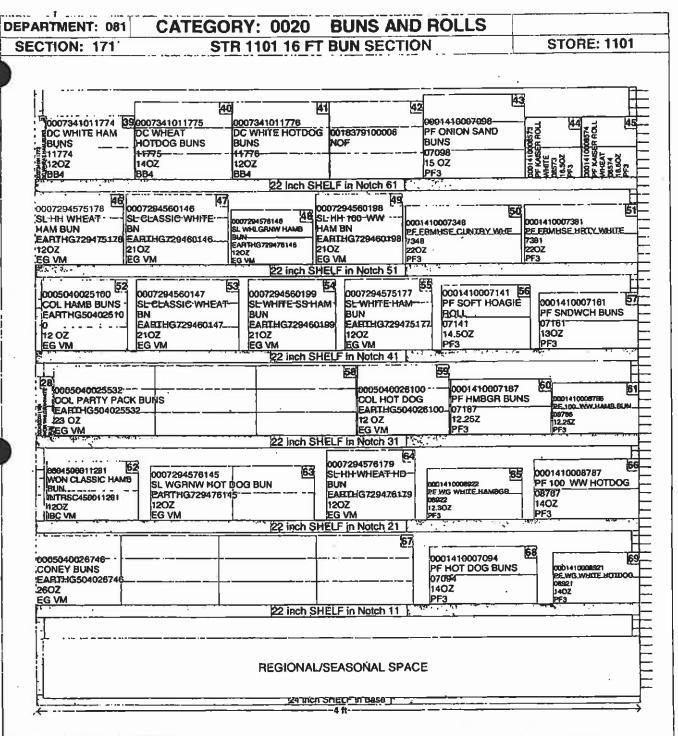
ALT UPC-GREAT VALUE FLOUR 8 CT 0007874201872, GREAT VALUE FLOUR 10 CT 0007874201889, GREAT VALUE 36 CT CORN 0007874201870

| *** PLACE MODULAR SHELF L  | ABELS LEFT JUSTIFIED ********** SHADED ITEMS | S ARE NEW TO YOUR STORE ***          |
|----------------------------|--|--------------------------------------|
| gr 011101                  | ספרנו  | •                                    |
| Implement Week: 05/04/2007 | WAL-MART STORES, INC CONFIDENTIAL            | Print Date & Time: 5/30/2007 6:12 AM |
| CONFIDENTIAL               | DEFENDANT'S                                  | - Bax 000 133                        |

| OTION, 170   |   | RY: 0020   |  |   |   | CT.   | ORE: 11   | 01       |
|--|---|--|--|---|---|---|---|----------|
| CTION: 170   |   | R 1101 16 F  | I BON S  | ECTION  |   | 31  | UNE: II   | <u> </u> |
|  |   |  |  |   |   |   |   |          |
| ia   |   |  |  |   |   |   |   | FH       |
| [.L_ <sub> </sub>  | a   | 14   | 15   |   |   |   |   | 上        |
| :  | 1   | 0004500011166  |  | <del></del>   |   | 176   | 0073410117  | 7:18     |
| 0007763302375  | 0007225002315                                       | WON WG WHT   |  |   | 00729456100   |   | OC WHEAT H  | AM L     |
| SUNBEAM LT WHT SAND  |   |  | WON STI  | WHEAT S   | L CRN OST   | AISER E   | UNS   | <u>-</u> |
| FLOWER776302375  | FLOWER72250231                                      | 5-INTRS6450011   |  | 50011105 E  | ARTHG7294   | 51008 1   | 1773  |          |
| 11 OZ  | 15OZ  | 120Z   | 2102   | 12  | OZ.   |   | 15 <b>0Z</b><br>3 <b>B4</b>                       | Ξ        |
| FLOIVM   | IFLO VM   | IBC VM   | BELF in Note   |   | G VM  |   |   |          |
|  | <del></del>   | SZ inch S  | DUETL IU MOTO  | 1101 12.  |   |   |   |          |
| j !  |   |  | - Fac  |   |   | laci  |   | 17-      |
|  | 10 0007235002300                                    | 19 0007225   | 002400 20  | 10001220008010  |   | 21  |   | 22       |
| 9007763306333<br>SB 8 4 1/2 INDPL  | COBST.6.WHI   | SUB BOLL BOLL  | B WHIE SUB   | MER HAMBURG   |   | 00012   | 20008158<br>LITE.SANDWCH.                         |          |
| FLOWER776306333  | FLOWER72250   | 2399 FLOWER  | 7722502400   | INTRSC1220060   | ייי   | INTRE   | C122006158  |          |
| 200Z   | 180Z  | 180Z   |  | BC VM   |   | 12 OZ<br>IBC V  | M   | 1        |
| FLOVM  | FLO VM  | FLO VM   | SHELF in Note  | P 24 Page 1   | ** ** * * * * * * * * * * * * * * * *   | INC A   | . <u> </u>  | ·;       |
|  |   | izz inch ;   | DETECTION OF   | MOIET -   |   |   |   |          |
|  |   |  |  |   |   |   |   | ]- -     |
| ,0007782200E540  |   |  |  | 24  | 00045000111   | 03  |   | 25       |
| 0007763306510<br>SB 12 4 SD CL   |   | ,  | 00072  | 25003729  | WON WHEA  | T HAMB BUNS   |   | 1        |
| FLOWER776306510  |   |  | IFLOW  | TL4.CORN.MLXAIS<br>IER722503729   | INTRSC4500  |   |   |          |
| 200Z   |   |  | 240Z<br>FLO V  |   | 12OZ<br>IBC VM  |   |   | H-       |
| FLO VM   | 1 20 1  | 22 lack 6  | SHELF in Note  |   | PIOC AIN  | <del>- 2 - 1.   <u>-</u>25</del>  | 127 1 1 2 2 4                                     | 200      |
| Pi   |   | KK iiiin s   | コリピピニ fit MOK  | 41 T L  |   |   |   |          |
| I i  |   |  |  |   |   |   |   |          |
| 1 1  |   |  |  | r ***   |   |   |   | <br> -   |
| 2/4  | <del></del>   |  |  | 26000   | 4130017658  | DAICH.  | 4500011104<br>N WHI GRN                           | 28       |
| 0007763306331<br>SB 84 1/8 BUN PL  |   | <u></u>  |  | how   | 4130017658<br>IBQ PLAIN BI  | NUFI<br>MO  | N WHILGRN<br>ITE BUN                              |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331  |   |  |  |   | IBO PLAIN BI<br>RSC4130176  | IEDW NI<br>IEDW NI  | N WHILGRIN<br>ITE BUN<br>RSC450011104             |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331  |   |  |  |   | IBO PLAIN BI<br>RSC41301769<br>Z  | JN WH<br>WH<br>58 BNT1<br>210   | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>150Z<br>FLO VM  | No. 1. A. 1. A. A. A. A. A. A. A. A. A. A. A. A. A. | 92 inch (  | SHELF in Note  |   | IBO PLAIN BI<br>RSC41301769<br>VM   | ISTAN NE  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331  | w la sou hostin                                     | 22 inch 9  | SHELF in Note  |   | IBO PLAIN BI<br>RSC41301769<br>VM   | JN WH<br>WH<br>58 BNT1<br>210   | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>150Z<br>FLO VM  |   | 22 inch \$   | SHELF in Note  | JUN<br>INT<br>210<br>IBC  | IBO PLAIN BI<br>RSC41301769<br>VM   | JN WH<br>WH<br>58 BNT1<br>210   | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM  | [11]  | 0007225003723  |  | 210<br>BC   | IBO PLAIN BI<br>RSC4130176<br>IZ<br>VM<br>00041300056   | JN WC<br>WHI<br>58 INTI<br>210<br>IBO   | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>6007763306331   | 11  | 0007225003723<br>COBST 6 STK SE  | O SPL S  | 210<br>BC   | IBO PLAIN BI<br>RSC41301769<br>Z<br>VM<br>D00041300056<br>MERITA HAM  | JN WELL 58 INTEREST 1800 INTER  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>  | 11  | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503  | O SPL S  | 29  | IBO PLAIN BI<br>RSC41301769<br>IZ<br>VM<br>D00041300056<br>MERITA HAM<br>INTRSC41300  | JN WELL 58 INTEREST 1800 INTER  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>0097763306331<br>SB 84 1/8 BUN PL<br>FLOWER776306331  | [11]  | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>15OZ  | O SPL S  | 100 INTO INTO INTO INTO INTO INTO INTO INTO   | IBO PLAIN BI<br>RSC4130176<br>IZ<br>VM<br>D00041300056<br>MERITA HAM<br>NTTHSC41300   | JN WELL 58 INTEREST 1800 INTER  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>  | [1]   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | O SPL S  | 190M<br>210<br>180<br>213   | IBO PLAIN BI<br>RSC41301769<br>IZ<br>VM<br>D00041300056<br>MERITA HAM<br>INTRSC41300  | JN WELL 58 INTEREST 1800 INTER  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>0097763306331<br>SB 84 1/8 BUN PL<br>FLOWER776306331  | [1]   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | O SPL S  | 190M<br>210<br>180<br>213   | IBO PLAIN BI<br>RSC4130176<br>IZ<br>VM<br>D00041300056<br>MERITA HAM<br>NTTHSC41300   | JN WELL 58 INTEREST 1800 INTER  | N WHILGRIN<br>ITE BUN<br>RSC450011104<br>IZ       | 30       |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>0097763306331<br>SB 84 1/8 BUN PL<br>FLOWER776306331  | [1]   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | O SPL S  | 190M<br>210<br>180<br>213   | IBO PLAIN BI<br>RSC41301760<br>VM<br>VM<br>D00041300056<br>MERITA HAM<br>NTRSC41300<br>1102<br>BC VM  | JN WC<br>58 WH<br>21 C<br>180<br>180<br>180<br>180<br>180<br>180<br>180<br>180<br>180<br>180  | N WHILGAN<br>ITE BUN<br>RSC450011104<br>Z<br>VM   |          |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>150Z<br>FLO VM<br>60097763306331<br>SB 8 4 1/8 BUN PL<br>FLOWER776306331<br>150Z<br>FLO VM  | [1]   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1507<br>FLO VM  | SHELF in Note  | 29 h 21   | IBO PLAIN BI<br>RSC4130176<br>IZ<br>VM<br>D00041300056<br>MERITA HAM<br>NTTHSC41300   | JN WC<br>WE<br>58 INT 1<br>210<br>IBO<br>36<br>B. BUN\$<br>35638  | N WHILGAN<br>THE BUN<br>RSC450011104<br>IZ<br>VM  | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 1502 FLO VM  0007763306331 SB 84 1/8 BUN PL FLOWER776306331 150Z FLO VM  0007763308376 SB 8 6 HD HINGED BUN   | [1]   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>150Z<br>FLO VM  | SHELF in Note  | 29<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210  | IBO PLAIN BI<br>RSC41301760<br>VM<br>VM<br>D00041300056<br>MERITA HAM<br>NTRSC41300<br>1102<br>BC VM  | JN WC<br>58 myr<br>210<br>180<br>180<br>36<br>B. BUNS<br>15638<br>100450001111<br>WON CLASSI<br>BUNS  | N WHILGAN<br>ITTE BUN<br>RSC450011104<br>IZ<br>VM | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150Z FLO VM 6007763306331 SB 8 4 1/8 BUN PL FLOWER776306333 150Z FLO VM 6007763306376 SB 8 6 HD HINGED BUN FLOWER776306376  | [1]   | 0007225003723<br>COBST 6 STK SL<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  | 29<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210  | IBO PLAIN BI<br>RSC41301760<br>VM<br>VM<br>D00041300056<br>MERITA HAM<br>NTRSC41300<br>1102<br>BC VM  | JN WC<br>WE<br>58 INT<br>21 C<br>IBO<br>36 B. BUNS<br>15638<br>50045000111<br>WON CLASSI<br>BUNS<br>INTRICASO   | N WHILGAN<br>ITTE BUN<br>RSC450011104<br>IZ<br>VM | 30       |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>60097763306331<br>SB 8 4 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>80097763308376<br>SB 8 6 HD HINGED BUN<br>FLOWER776306376   | 11  | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>15OZ<br>FLO VM  | D SPL S<br>723 SHELF in Note<br>0001220006161<br>MER HOT DOG<br>INTRSC122006   | 29<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210<br>210  | IBO PLAIN BI<br>RSC41301760<br>VM<br>VM<br>D00041300056<br>MERITA HAM<br>NTRSC41300<br>1102<br>BC VM  | JN WC<br>58 INTI<br>210<br>IBO<br>B. BUNS<br>55638<br>500450001111<br>WON CLASSI<br>BUNS<br>INTRSC4500<br>1202  | N WHILGAN<br>ITTE BUN<br>RSC450011104<br>IZ<br>VM | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150/2 FLO VM  0007763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150/2 FLO VM  00097763308376 SB 8 6 HD HINGED BUN FLOWER776306376 110/2 FLO VM  | 11  | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 IRC VM   | 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20   | IBO PLAIN BI<br>RSC41301760<br>VM<br>VM<br>D00041300056<br>MERITA HAM<br>NTRSC41300<br>1102<br>BC VM  | JN WC<br>WE<br>58 INT<br>21 C<br>IBO<br>36 B. BUNS<br>15638<br>50045000111<br>WON CLASSI<br>BUNS<br>INTRICASO   | N WHILGAN<br>ITTE BUN<br>RSC450011104<br>IZ<br>VM | 30       |
| SB 84 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>60097763306331<br>SB 8 4 1/8 BUN PL<br>FLOWER776306331<br>1502<br>FLO VM<br>80097763308376<br>SB 8 6 HD HINGED BUN<br>FLOWER776306376   |   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | 29 29 20 21 21 21 21 21 21 21 21 21 21 21 21 21   | IBO PLAIN BI<br>ISCATION RES<br>VM<br>VM<br>DO0041300056<br>MERITA HAM<br>INTHSCATION<br>1102<br>IBC VM   | JN WC<br>58 INTI<br>210<br>IBO<br>B. BUNS<br>55638<br>500450001111<br>WON CLASSI<br>BUNS<br>INTRSC4500<br>1202  | N WHILGAN<br>ITE-BUN<br>RSC450011104<br>Z<br>VM   | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150/2 FLO VM  0007763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150/2 FLO VM  00097763308376 SB 8 6 HD HINGED BUN FLOWER776306376 110/2 FLO VM  | 34,000776   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20   | IBO PLAIN BI<br>ISCATION RES<br>VM<br>VM<br>DO0041300056<br>MERITA HAM<br>INTHSCATION<br>1102<br>IBC VM   | JN WC<br>58 INTI<br>210<br>IBO<br>B. BUNS<br>55638<br>500450001111<br>WON CLASSI<br>BUNS<br>INTRSC4500<br>1202  | N WHILGAN<br>ITTE BUN<br>RSC450011104<br>IZ<br>VM | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150Z FLO VM 60097763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150Z FLO VM 60097763308376 SB 8 6 HD HINGED BUN FLOWER776306376 110Z FLO VM  | 34000776<br>SUNBE                                   | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | DUN<br>180<br>191 31 210<br>192 29 29 29 29 29 29 29 29 29 29 29 29 2   | IBO PLAIN BI<br>ISCATION TO<br>Z<br>VM<br>D00041300056<br>MERITA HAM<br>NTTHSCATION<br>ITOZ<br>BC VM  | JN WC<br>WE<br>58 INTI<br>210<br>IBC<br>36<br>B. BUNS<br>35638<br>S0045000131<br>WON CLASSI<br>BUNS<br>INTRSC4500<br>1202<br>IBC VM   | N WHILGAN<br>ITE-BUN<br>RSC450011104<br>Z<br>VM   | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150Z FLO VM 6007763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150Z FLO VM 6007763306376 SB 8 6 HD HINGED BUN FLOWER776306376 110Z FLO VM  | 3.4000776<br>SUNBE<br>HD BU                         | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | DUN<br>180<br>180<br>180<br>181<br>29<br>29<br>29<br>29<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20 | IBO PLAIN BI<br>ISCATION RES<br>VM<br>VM<br>DO0041300056<br>MERITA HAM<br>INTHSCATION<br>1102<br>IBC VM   | JN WC<br>58 INTI<br>21C<br>IBC<br>36<br>B. BUN\$<br>55638<br>50045000111<br>WON CLASSI<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>BUNS<br>B | N WHILGAN<br>ITE-BUN<br>RSC450011104<br>Z<br>VM   | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150Z FLO VM 60097763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150Z FLO VM 60097763308376 SB 8 6 HD HINGED BUN FLOWER776306376 110Z FLO VM  | 3.4000776<br>SUNBE<br>HD BU                         | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | BUNS 161  04500011165 004500011165 004500011165   | IBO PLAIN BI<br>IBSC4130176<br>VM<br>D00041300056<br>MERITA HAM<br>INTRECA1300<br>1102<br>BC VM   | JN WC<br>58 INTI<br>210<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>INTIBC4500<br>120Z<br>IBC VM  | N WHILGAN<br>ITE-BUN<br>RSC450011104<br>Z<br>VM   | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 1502 FLO VM  60097763306331 SB 8 4 1/8 BUN PL FLOWER776306331 1502 FLO VM  60097763306376 SB 8 6 HD HINGED BUN FLOWER776306376 1102 SB 8 8 HD HINGED BUN FLOWER776306376 SB 8 8 HD HINGED BUN FLOWER776306376 | 34000776<br>SUNBE<br>HD BU<br>FLOW                  | 0007225003723<br>COBST 6 STK SE<br>FLOWER722503<br>1502<br>FLO VM  | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | BUNS<br>161 21 37 37 37 37 37 37 37 37 37 37 37 37 37   | IBO PLAIN BI<br>RSC4130176/<br>Z<br>VM<br>D00041300056<br>MERITA HAM<br>NTHSC41300<br>1102<br>BC VM<br>322<br>D00012200066<br>MER HOT D0<br>INTRSC4226<br>1120Z | JN WC<br>58 INTI<br>210<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>INTIBC4500<br>120Z<br>IBC VM  | N WHILGAN<br>ITE-BUN<br>RSC450011104<br>Z<br>VM   | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 150/2 FLO VM  6007763306331 SB 8 4 1/8 BUN PL FLOWER776306331 150/2 FLO VM  60097763306376 SB 8 6 HD HINGED BUN FLOWER776306376 110/2 FLO VM  | 34000776<br>SUNBE<br>HD BU<br>FLOWE                 | 0007225003723<br>COBST 6 STK SL<br>FLOWER722503<br>150Z<br>FLO VM<br>22 inch 3<br>22 inch 3<br>3302377 35<br>3302377 35<br>34M LT WHIT 35<br>36 22 37<br>37 38 37 37 38 37 38 37 38 37 37 37 37 37 37 37 37 37 37 37 37 37 | SHELF in Note  SHELF in Note  O001220006161  MER HOT DOG  INTRICT22006  12 OZ  IBC VM  SHELF In Note  SHELF In Note  SHELF In Note  O001220006161  IBC VM  IBC | BUNS<br>101 21 29 29 29 29 29 29 29 29 29 29 29 29 29   | IBO PLAIN BI<br>TSC41301769<br>Z<br>VM<br>D00041300056<br>MERITA HAM<br>NTHSC41300<br>110Z<br>BC VM   | JN WC<br>58 INTI<br>210<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>INTIBC4500<br>120Z<br>IBC VM  | N WHILGAN<br>ITTE BUN<br>RECASO011104<br>Z<br>VM  | 30       |
| SB 84 1/8 BUN PL FLOWER776306331 1502 FLO VM  60097763306331 SB 8 4 1/8 BUN PL FLOWER776306331 1502 FLO VM  60097763306376 SB 8 6 HD HINGED BUN FLOWER776306376 1102 SB 8 8 HD HINGED BUN FLOWER776306376 SB 8 8 HD HINGED BUN FLOWER776306376 | 34000776<br>SUNBE<br>HD BU<br>FLOW                  | 0007225003723<br>COBST 6 STK SL<br>FLOWER722503<br>150Z<br>FLO VM<br>22 inch 3<br>22 inch 3<br>3302377 35<br>3302377 35<br>34M LT WHIT 35<br>36 22 37<br>37 38 37 37 38 37 38 37 38 37 37 37 37 37 37 37 37 37 37 37 37 37 | SHELF in Note  0001220006161 MER HOT DOG INTRSC122006 12 OZ BG VM  | BUNS<br>101 21 29 29 29 29 29 29 29 29 29 29 29 29 29   | IBO PLAIN BI<br>RSC4130176/<br>Z<br>VM<br>D00041300056<br>MERITA HAM<br>NTHSC41300<br>1102<br>BC VM<br>322<br>D00012200066<br>MER HOT D0<br>INTRSC4226<br>1120Z | JN WC<br>58 INTI<br>210<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>IBC<br>INTIBC4500<br>120Z<br>IBC VM  | N WHILGAN<br>ITTE BUN<br>RECASO011104<br>Z<br>VM  | 30       |

THIS SPACE MAY ALSO BE USED DURING HOLIDAYS FOR SEASONAL ITEMS

| *** PLACE MODULAR SHELF LAB | ELS LEFT JUSTIFIED ******** SHADED ITEM | S ARE NEW TO YOUR STORE ***          |
|-----------------------------|---|--------------------------------------|
| 011101                      | OPPEL                                   |                                      |
| Implement Week: 06/04/2007  | WAL-MART STORES, INC CONFIDENTIAL       | Print Date & Time: 5/30/2007 6:13 AM |
| CONFIDENTIAL                | ··                                      | Bax 000134                           |



REGIONALISEASONAL SPACE MAY INCLUDE GEORGE WESTON BAKERIES ANDIOR BMB FOODS AT THE STORE OR DEPT MANAGER'S DISCRETION THIS SPACE MAY ALSO BE USED DURING HOLIDAYS FOR SEASONAL ITEMS

|   | *** PLACE MODULAR SHELF LAB | ELS LEFT JUSTIFIED ********** SHADED ITEN | IS ARE NEW TO YOUR STORE ***         |
|---|-----------------------------|---|--------------------------------------|
|   | g 011101                    | 13  |                                      |
|   | Implement Week: 05/04/2007  | WAL-MART STORES, INC CONFIDENTIAL         | Print Date & Tippe: 550/2007 6:13 AM |
| ( | ONFIDENTIAL                 |   |                                      |

|                | STORE: 1101   | PROCESSION FEBRUS WHIRE SOS               | 0 1               | 0, 1 0               | 07 1 1 9             | 07 1 1 6             | 07 1 1 6             | 07 2 1 12            | 07 1 1 4             | 07 2 1 4         | 07 2 1 24         | 07 2 1 12            | 07 1 1 6               | 07 2 1 12        | 07 4 1 16         | 07 6 1 24            | 07 3 1 12            | 07 5 1 30            | 07 2 1 18            | 07 5 1 20         | 07 2 1 12         | 07 1 1 6          | 07 1 1 6        | 0 1 1 0            | 9                   | 07 1 1 6       | 9 7 7 20       | 4.4                  | 02                        | 07 1 7.              | 07 1 1 6           | 07 1 1 8         | 07 1 1 8           | 07 1 1 4           | 07 2 1 12           | 07 1 4                      | 4 0 4                |                        | 00                     | 07 1 1 8 | 07 1 1 4 | 07 1 1 4       | 07 1 1 1             | 07 1 1 9             | 07 1 1 4 | 21 1 12            | 8 1 2             |          | 70 0     | 7                    |
|----------------|---------------|---|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------|-------------------|----------------------|------------------------|------------------|-------------------|----------------------|----------------------|----------------------|----------------------|-------------------|-------------------|-------------------|-----------------|--------------------|---------------------|----------------|----------------|----------------------|---------------------------|----------------------|--------------------|------------------|--------------------|--------------------|---------------------|-----------------------------|----------------------|------------------------|------------------------|----------|----------|----------------|----------------------|----------------------|----------|--------------------|-------------------|----------|----------|----------------------|
| BUNS AND ROLLS | BUN SECTION   | WW.Siza TWW Color St. Kritter Warkilamper |                   |                      | W > 01               |                      | NA O III             | NA O LE              | NA O L               | IBC VM           | BCVM              | IBC VM               | NA CHI                 | BCVM             | FLOVM             | FLOVM                | FLO VM               | FLOVM                | FLOVM                | FLO VM            | FLOVM             | FLOVM             | PF3             | E.H.               | PF3                 | E              |                |                      |                           |                      |                    | PF3              | EHQ.               | PF3                | IBC VM              | IBC VM                      | BC VM                | SC VM                  | INC. AM                | IBC VM   | 8884     | BB4            | 884                  | 'B84'                | IBC VM   | FLOVM              | EG VM             | EG VM    | EG VM    | E > 2 4              |
| CATEGORY: 5020 | -             | Bals WW. * Stock *                        |                   | FLOWEH722502315 1502 |                      | _                    |                      |                      |                      |                  |                   | •                    |                        | _                | _                 | FLOWER776306331 150Z | FLOWER778306333 200Z | FLOWER776306376 110Z |                      |                   | , -,              | ER778306576       |                 |                    | -                   |                |                | **                   | 7381 2402                 |                      |                    | 08787 1402       | 08921 1402         | _                  | _                   | α,                          | N,                   | INTERSCASION 1105 1202 | -                      |          |          | . <del>-</del> | 11775 1402           | 11776 1202           |          | ~                  | _                 | N        |          | EAR HG504626146 2002 |
|                |               | Neme                                      | NOF               | NO 84 1/2 HWHT HB    | SUNDERAM LI WAT BOYO | CORST 6 WHI SUB BOLL | CORST 6 WHE SUB ROLL | CORST 6 STK SD SPL S | COBST & CORN MI KAIS | MEBITA HAMB BUNS | MER HOT DOG BLINS | MER HAMBLIRGER BLINS | MED LITE SANDWOLF BLIN | MER HOT DOG BUNS | SB 8 4 1/8 BUN PL | SB 8 4 1/8 BUN PL    | SB 8 4 1/2 INDPL     | SB 8 6 HD HINGED BUN | SB 8 6 HD HINGED BUN | SB 124 SD CL      | SB 12 3 3/4 PL CL | SB 126 IND. HD    | PF HOT DOG BUNS | PF ONION SAND BUNS | PF SOFT HOAGIE ROLL | PF SNDWCH BUNS | PF HAMBGR BUNS | PF FRMHSE CUNTRY WHE | PETERMENT METERS DO LANGE | DE KAISED BOIL WHEAT | PF 100 WW HAMB BUN | PF 100 WW HOTDOG | PF WG WHITE HOTDOG | PF WG WHITE HAMBGR | WON WHEAT HAMB BUNS | <b>WON</b> WHLGAN WHITE BUN | WON STNWHEAT SANDBUN | WON WG WHIEHOL DOG     | ON IS OF CISSA ICINOAC |          |          |                | DC WHEAT HOTDOG BUNS | DC WHITE HOTDOG BUNS |          | GV JUMBO HAMB BUNS | COL HAMB BUNS     |          | ٠.       | CONEY BUNS           |
| PARTMENT: 081  | SECTION: 0168 | SEED IN LOCHD TO UPONT USING              | 42 00183791 00006 | 00072250             | 5/520 859/7000 St    | 60072256             | 00072750             | 00872950             | 00072250             | 00041300         | 00012200          | 20012200             | 00012300               | 00012200         | 00077633          | 00077633             | •                    | 31 00077633 06376    | 34 00077633 06376    | 23 00077633 06510 |                   | 36 00077633 06576 | 00014100        | 43 00014109 07098  | 56 00014100 07141   | 00014100       | 00014100       | 00014100             | 51 00814108 07381         | 2014100              | 0014100            | 00014100         | 00014100           | 00014100           | 00045000            | 00045000                    | 00045000             | 00042000               | 13 00043000 1 156      | 90045000 | 00073410 | 00973410       | 00073410             | 00073410             | •        | 8 00078742 22913   | 52 00050400 25100 | 00050400 | 00050400 | 67 00050400 26746    |

CONFIDENTIAL

| ı              | ·r *-1                     | - L   | TEI                                  |
|----------------|----------------------------|---|--------------------------------------|
|                | STORE: 1101                | 1   | Print Date & Time: 5/30/2007 6:13 AM |
|                |                            | 000000000000000000000000000000000000000   | Prfint D                             |
|                |                            |   |                                      |
| BUNS AND ROLLS | STR 1101 16 FT BUN SECTION | FLO VM<br>FLO VM<br>FLO VM<br>FLO VM<br>FCO VM<br>FCO VM<br>FCO VM<br>FCO VM<br>FCO VM  | WAL-MART STORES, INC CONFIDENTIAL    |
|                | TBU                        | FLO VM<br>FLO VM<br>FC VM<br>FG VM<br>FG VM<br>FG VM<br>FG VM   | S, INC.                              |
| ļģ.            | 1 16 F                     | 1202<br>1202<br>1202<br>1202<br>1202<br>1202<br>1202<br>1202  | STORE                                |
| CATEGORY       | STR 110                    | FLOWER787428550<br>FLOWER787428551<br>FLOWER787428551<br>FLOWER787428551<br>FLOWER787428551<br>FLOWER78728460147<br>EARTHG729460147<br>EARTHG729460198<br>EARTHG729475177<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175<br>EARTHG729475175   | WAL-MART                             |
|                |                            | GV HOT DOG BUNS GV HOT DOG BUNS GV HAMB BUNS GV HAMB BUNS GV HAMB BUNS GV HAMB BUNS GV HAMB BUNS SL CLASSIC WHITE BN SL CRN DST KAKEER SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHITE HAM BUN SL WHUCRNW HOT DOG BUN SL WHITE HAM BUN SL WHITE SS HAM BUN SL WHITE HAM BU  |                                      |
| 981            | 68                         | 28550<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>28551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551<br>38551 | 70                                   |
| DARTMENT: 081  | SECTION: 0168              | 00078742<br>00078742<br>00078742<br>00078742<br>00078742<br>00072845<br>00072845<br>00072845<br>00072845<br>00072845<br>00072845<br>00072845<br>00072845<br>00072845  | Implement Week: 06/04/2007           |
| AAB            | SECT                       | 8 7 7 7 8 8 8 8 8 8 7 C C C C C C C C C   | m Weel                               |
|                |                            | 88<br>168<br>168<br>168<br>168<br>168<br>168<br>168<br>168<br>168<br>1  | трете                                |
| البدأ          |                            | IDENTIAL  |                                      |

CONFIDENTIAL

| LTT.                          | ·   |            | 72                                |
|-------------------------------|---|------------|-----------------------------------|
| STORE: 1101                   | . 2 0 2 2 2 2 2 2 2 2 2 3 4 2 3 4 5 5 6 6 7 5 6   | ·          | 8: 520/2007 8:12 AM               |
| S                             |   |            | Print Date & Time:                |
| A LIGHTS                      | 666666666666666666666666666666666666666   |            | Perlat                            |
| LA SECTION Color: Wandledurer |   |            | Shevmai                           |
| TORTILLA                      | 2000,0002222222   |            | WAL MART STORES INC. CONFIDENTIAL |
| STR 1101 4 FI                 | 841752<br>1752  | 10.        | WAI . MART S                      |
| BWEN AND THE STREET           |   |            | 1                                 |
| T: 081<br>0063                | 00020<br>00032<br>00033<br>00033<br>00035<br>00070<br>00070<br>00070<br>00071<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>000415<br>0004 | •          | *******                           |
| SECTION: 0063                 | 4 00048564<br>15 00027331<br>16 00827331<br>17 00027331<br>18 00827331<br>10 00073731<br>11 00073731<br>12 00073731<br>13 00025147<br>14 00073731<br>15 00073731<br>16 00073731<br>17 00073731<br>18 00073731<br>24 00073731<br>25 00073731<br>26 00073732<br>26 00078742<br>26 00078742<br>27 00078742   |            |                                   |
| CONFIDE                       |   | Bax 000138 |                                   |

DEPARTMENT: 081 CATEGORY: 0030 TORTILLAS
SECTION: 0063 STR 1101 4 FT TORTILLA SECTION COVERLETTER STORE: 1101

DEPARTMENT 81 COMMERCIAL BREAD FLOW CHART COMING OFF THE MEAT AISLE AND MOVING TOWARDS ACTION ALLEY

BUNS & ROLLS TORTILLAS BREAKFAST HARD VARIETY DIET & HEALTH WHITE/WHEAT BREAD

THIS IS A MODULAR UPDATE TO OUR UPC BASED MODULARS. EACH SPOT ON THE SHELF WILL HAVE A UPC FOR AN ITEM THAT SHOULD BE PLACED IN THAT LOCATION AS SHOWN ON THE MODULAR. ALL SUPPLIERS ARE EXPECTED TO FOLLOW THIS NEW MODULAR. THE BAKERY MANAGER NEEDS TO COMMUNICATE THE INITIAL ITEM POSITIONS TO EACH SUPPLIER AND THEN MONITOR THE SECTION TO ENSURE INTEGRITY IS MAINTAINED.

THERE IS A REGIONAL SPACE TEXT BOX ON SOME OF THE MODULARS. ONLY WAL-MART MANAGEMENT SHOULD DECIDE WHICH REGIONAL SUPPLIERS ARE PLACED IN THIS AREA. PLEASE SEE THE BOTTOM OF YOUR MODULAR FOR A LIST OF SUGGESTED SUPPLIERS IN YOUR AREA. KEEP LIKE ITEMS WITHIN EACH CATEGORY. (BAGELS IN BREAKFAST SECTION, CORN TORTILLAS TOGETHER, FLOUR TORTILLAS TOGETHER, ETC.)

WE HAVE SEVERAL WAREHOUSE PROGRAMS. CHECK YOUR MODULAR AND ORDER GUIDE FOR THE ITEMS VALID FOR YOUR STORE. THESE DC PROGRAMS ALLOW US TO GAIN A HIGHER PROFIT SO YOUR SUPPORT IS NEEDED TO MAKE THESE PROGRAMS SUCCESSFUL. A BAKERY ASSOCIATE SHOULD STOCK AND ZONE THE SECTION AT LEAST TWICE A DAY. PRODUCT MAY BE RECEIVED DRY, REFRIGERATED OR FROZEN DEPENDING ON THE ITEM. IF FROZEN, BE SURE TO COMPLETELY THAW THEN DATE THE PRODUCT WITH THE CORRECT NUMBER OF DAYS USING THE TELXON. BE SURE TO CHECK THE BACKROOMS FOR INVENTORY TO HELP KEEP MARKDOWNS LOW.

THANK YOU FOR YOUR PART IN MAKING THIS TRANSITION SUCCESSFUL!

IF YOU HAVE ANY ISSUES PLEASE CALL ONE OF THE FOLLOWING NUMBERS:

UPC HOTLINE: 479-273-8999
POS HOTLINE: 479-273-8149
FIXTURE HOTLINE: 479-204-5151
MODULAR HOTLINE: 479-273-4060

Implement Week: 06/04/2007

| DEPARTMENT: 081 | CATEGORY: 0020 BUNS AND ROLLS          |             |
|-----------------|--|-------------|
| SECTION: 0168   | STR 1101 16 FT BUN SECTION COVERLETTER | STORE: 1101 |

DEPARTMENT 81 COMMERCIAL BREAD FLOW CHART COMING OFF THE MEAT AISLE AND MOVING TOWARDS ACTION ALLEY

BUNS & ROLLS TORTILLAS BREAKFAST HARD VARIETY DIET & HEALTH WHITE/WHEAT BREAD

THIS IS A MODULAR UPDATE TO OUR UPC BASED MODULARS. EACH SPOT ON THE SHELF WILL HAVE A UPC FOR AN ITEM THAT SHOULD BE PLACED IN THAT LOCATION AS SHOWN ON THE MODULAR. ALL SUPPLIERS ARE EXPECTED TO FOLLOW THIS NEW MODULAR. THE BAKERY MANAGER NEEDS TO COMMUNICATE THE INITIAL ITEM POSITIONS TO EACH SUPPLIER AND THEN MONITOR THE SECTION TO ENSURE INTEGRITY IS MAINTAINED.

THERE IS A REGIONAL SPACE TEXT BOX ON SOME OF THE MODULARS. ONLY WAL-MART MANAGEMENT SHOULD DECIDE WHICH REGIONAL SUPPLIERS ARE PLACED IN THIS AREA. PLEASE SEE THE BOTTOM OF YOUR MODULAR FOR A LIST OF SUGGESTED SUPPLIERS IN YOUR AREA. KEEP LIKE ITEMS WITHIN EACH CATEGORY. (BAGELS IN BREAKFAST SECTION, CORN TORTILLAS TOGETHER, FLOUR TORTILLAS TOGETHER, ETC.)

WE HAVE SEVERAL WAREHOUSE PROGRAMS. CHECK YOUR MODULAR AND ORDER GUIDE FOR THE ITEMS VALID FOR YOUR STORE. THESE DC PROGRAMS ALLOW US TO GAIN A HIGHER PROFIT SO YOUR SUPPORT IS NEEDED TO MAKE THESE PROGRAMS SUCCESSFUL. A BAKERY ASSOCIATE SHOULD STOCK AND ZONE THE SECTION AT LEAST TWICE A DAY. PRODUCT MAY BE RECEIVED DRY, REFRIGERATED OR FROZEN DEPENDING ON THE ITEM. IF FROZEN, BE SURE TO COMPLETELY THAW THEN DATE THE PRODUCT WITH THE CORRECT NUMBER OF DAYS USING THE TELXON. BE SURE TO CHECK THE BACKROOMS FOR INVENTORY TO HELP KEEP MARKDOWNS LOW.

THANK YOU FOR YOUR PART IN MAKING THIS TRANSITION SUCCESSFUL!

IF YOU HAVE ANY ISSUES PLEASE CALL ONE OF THE FOLLOWING NUMBERS:

UPC HOTLINE: 479-273-8999 POS HOTLINE: 479-273-8149 FIXTURE HOTLINE: 479-204-5151 MODULAR HOTLINE: 479-273-4060

Implement Week: 06/04/2007

**WAL-MART STORES, INC. - CONFIDENTIAL** 

Print Date & Time: 5/30/2007 6:13 AM

CONFIDENTIAL

| CTION: 168                         | STR 1101 16 FT BUN SECTION   | STORE: 1101  |
|------------------------------------|--|--|
|                                    |  |  |
|                                    |  | ,  |
|                                    |  | · <del>-</del>   |
| ti                                 | ·  |  |
|                                    |  | The second secon |
| 0007874228551                      |  |  |
| GV HAMB BUNS                       |  |  |
| FLOWER787428551<br>12 <b>OZ</b>    |  |  |
| ÎFLO VM                            |  |  |
|                                    | 22 inch SHELF in Notch 61  |  |
|                                    |  | 1 2  |
| 0007874228551                      | ·  |  |
| GV HAMB-BUNS                       |  |  |
| FLOWER787428551                    |  |  |
| 12 OZ<br>FLO VM                    |  |  |
| IFLO VIVI                          | 22 inch SHELF in Notch 51  | <del>2 </del>  |
| 11                                 |  | T  |
| 1                                  |  |  |
| 0007874228551<br>GV-HAMB-BUNS      |  |  |
| FLOWER787428551                    |  |  |
| 12 OZ                              |  |  |
| FLO VM                             | 22 inch SHELF in Notch 41  |  |
| <u>-</u>                           | 22 min Shiger in Note 141  |  |
| !                                  | •  | 19   |
| 0007874228551                      |  |  |
| GV HAMB-BUNS                       |  |  |
| 12 OZ                              |  | i l  |
| FLO VM                             | 22 Inch SHELE in Notch 31  | <del>, , , , , , , , , , , , , , , , , , , </del>  |
|                                    | 22 Inch SHELF in Notch 31  |  |
|                                    |  | 5  |
| 0007874228550                      |  |  |
| GV-HOT-DOG-BUNS<br>FLOWER787428550 |  |  |
| 120Z                               |  |  |
| FLO VM                             |  |  |
|                                    | 22 inch SHELF in Notch 21  |  |
|                                    |  | 1 6  |
| 0007874228550                      |  |  |
| GV HOT DOG BUNS                    |  |  |
| FLOWER787428550                    |  |  |
| FLO VM                             |  |  |
|                                    | 22 inch SHELF in Notch 11  |  |
| J-1                                |  |  |
|                                    | •  | ]  |
| 0007874228550                      |  |  |
| GV HOT DOG BUNS<br>FLOWER787428550 |  |  |
| 1202                               |  |  |
| FLOVM                              | The same of the same with the same with the same with the same same same same same same same sam | <del>, ,  </del>   |
|                                    | 24 inch SHELF in Base (1997)   | <del></del>  |

| 1 | THE PARTY AND THE PARTY AND PARTY AND |   | ADE NEW YOUR OYOUR W                 |
|---|---------------------------------------|---|--------------------------------------|
|   | "" PLACE MODULAR SHELF LAB            | ELS, LEFT JUSTIFIED ********** SHADED ITEMS : | ARE NEW TO YOUR STORE ***            |
| _ | 울 011101                              | LIMIN COMPA                                   |                                      |
|   | Implement Week: 05/04/2007            | WAL-MART STORES, INC CONFIDENTIAL             | Print Date & Time: 5/30/2007 6:13 AM |
|   | CONFIDENTIAL                          |   | D8X 000141                           |

THIS SPACE MAY ALSO BE USED DURING HOLIDAYS FOR SEASONAL ITEMS

| CTION:  | 169               |          |                       |             |          |             |           | AND RO                        |          |                                       | T2          | ORE: 1  | 101                                     |
|---|-------------------|----------|-----------------------|-------------|----------|-------------|-----------|-------------------------------|----------|---------------------------------------|-------------|---|---|
| CHOIN.  | 103               |          | 311                   | 111         | <u> </u> | FIB         | ON 3      | ECTION                        |          |                                       | 31          | ORE. I  | 101                                     |
|   |                   |          |                       |             |          |             |           |                               |          |                                       |             |   |   |
| [-]" <b></b>  |                   |          |                       |             |          | - 11        |           |                               |          | <u> </u>                              |             |   | -                                       |
|   |                   |          |                       |             |          |             |           |                               |          | T                                     | 9           | F 70  | 13                                      |
| ់ ភ្លួ  | [                 |          |                       |             |          |             | 8         |                               |          |                                       |             | 0007763302375<br>SUNBÉAM LT WHT<br>SAND<br>FLOWER778302375<br>11 02 |   |
|   | 0007874222        |          |                       |             |          |             |           | 000776 <b>3306573</b>         |          |                                       |             | <u> </u>  |   |
| 7787<br>7787<br>7787<br>7787<br>7787<br>7787<br>7787<br>778 |                   | HAMB-BUN | §                     |             | $\dashv$ | <del></del> |           | SB 12 3 3/4 PL C              |          |                                       |             | SA F  | <u>.</u> -                              |
| 72 83.4<br>VN CE 83.4                                       | FLOWER78<br>200Z  | 7422913  |                       |             |          |             |           | FLOWE <b>F1776306</b><br>2002 | D10-     |                                       |             | E B B ₹ N   | <u> </u>                                |
| 18 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5                    | FLO VM            |          |                       |             |          |             |           | FLO VM                        |          |                                       |             | 8285 E  | ₽ -                                     |
| 70 V  |                   |          | e <del>para con</del> | T           | 22 inc   | h SHELF     | in Note   | h 61                          | feeth -  | <del></del>                           |             |   |   |
| J   |                   |          |                       |             |          |             |           |                               | 75       | !                                     |             |   |   |
| า<br>กากราชรงการ  | r.                |          |                       |             |          |             |           |                               | _        | i                                     |             |   |   |
| 00078742285<br>GV-HAMB-BU                                   |                   |          |                       |             |          |             | ]         |                               |          | 0007763306333                         |             |   | ᅋ                                       |
| FLOWER787   |                   |          |                       |             |          |             |           |                               | _        | SB 8 4 1/2 INDF                       | น<br>เจรส—- |   |   |
| 12 OZ   |                   |          |                       |             |          |             |           |                               |          | 1200Z                                 |             |   |   |
| FLO VM  |                   | . 35     | 1. 1. 1.              | * *         | Too inc  | h SHELF     | in Note   | h 61 b                        |          | FLO VM                                | -           | <del>-</del>  | <del>- i</del>                          |
| <u> </u>  | ,                 |          |                       |             | EZ IDC   | n SHELF     | III NOIC  | 1131 L                        |          |                                       |             |   |   |
|   | [                 | 1        |                       |             |          |             |           |                               | 13       |                                       |             |   | H                                       |
| 00078742285   |                   |          |                       |             | 1        |             |           |                               |          | 060776330651                          | 0           | T   | 23                                      |
| GV HAMB BL  |                   |          |                       |             | -        |             |           |                               |          | SB 12 4 SD C                          | L           |   |   |
| FLOWER787<br>12 OZ  | #28551            | ļ        |                       |             | - 1      |             |           |                               |          | FLOWER7783<br>2002                    | 06510       |   |   |
| FLO VM  |                   | İ        |                       |             |          |             |           |                               |          | FLO VM                                |             | 1 -   | ļ-                                      |
|   |                   | I -      | 41.44.6               | 5           | 22 inc   | h SHELF     | in Note   | h 41                          | -        | · · · · · · · · · · · · · · · · · · · |             |   | <u></u>                                 |
| J   | r · ·             |          | -                     |             |          |             |           |                               |          | 7                                     |             |   |   |
| 0007074000  | J                 | 1        |                       |             | l        |             |           |                               | L        | <b>1</b>                              |             | ,   |   |
| 00078742285<br>GV-HAMB-BU                                   |                   |          |                       |             |          |             |           |                               |          | 0007763306331<br>SB B 4 1/8 BUN I     | ~           |   | <u> </u>                                |
| FLOWER787   |                   |          | _                     |             |          |             |           |                               |          | FLOWER776306                          | 331         |   | <del></del>                             |
| 12 OZ<br>FLO VM   | 1                 | 1        | _                     |             |          |             |           |                               |          | 150Z                                  |             | <u> </u>  | ======================================= |
| C VIVI  | <br>कृष्टाच्यानकर |          |                       |             | 22 inc   | h SHELE     | in Note   | h 31                          | agent    | FLO VM                                | ;           | 77 V. 3. 5  | الم بند.                                |
|   |                   |          |                       | <del></del> | EE IIIO  | 701124      |           |                               |          |                                       | -           |   | $\neg$                                  |
|   | 1                 |          |                       | 1           |          | ì           |           | 5                             |          |                                       |             |   |   |
| 00078742285<br>GV-HOT-DOC                                   |                   |          |                       | 1           |          |             |           |                               |          | 783386331                             |             |   | 11                                      |
| FLOWER787   |                   |          |                       | $\vdash$    |          |             |           |                               |          | 1 4 1/8 BUN PL<br>WER776306331        |             |   |   |
| 120Z  |                   |          |                       | 1           |          |             |           |                               | 150      |                                       | - 1         |   | -                                       |
| FLO VM  | <del>,</del>      |          | • .                   | <u> </u>    | lan I    | `           |           | 21/2/2                        | FLO      | VM                                    |             | · ·   |   |
| 7   |                   |          |                       |             | 22 IAC   | h SHELF     | n Note    | h 21 [ ··                     | •        | <u> </u>                              |             |   | <u></u>                                 |
|   |                   |          |                       | 1           |          |             |           |                               |          |                                       |             |   | $-\Pi$                                  |
| 00078742285   | 50                |          |                       | į .         |          | - {         |           | -                             | 200      | ************                          | 1.          |   | 31                                      |
| GV-HOT-DOO  |                   |          |                       | ┼           |          |             |           |                               |          | 7763306376<br>8 6 HD HINGED E         | SUN         |   | 77                                      |
| FLOWER787   | 428550            |          | •                     | i           |          | - 1         |           |                               | FEC      | WER776306376                          |             |   | -15                                     |
| 120Z<br>FLO VM  |                   |          |                       |             |          | - 1         |           |                               | 11C      | DZ<br>DVM                             |             |   | 11 5                                    |
| -124-7 10   | ··-··             |          |                       | • • •       | 22 inc   | h SHELF     | in Note   | h 11   1   1   1   1          | <u> </u> |                                       |             | •   |   |
| J   | · ·               |          |                       |             |          |             |           |                               |          |                                       | 200         | 25091545  | 1234                                    |
|   |                   |          |                       |             |          |             |           |                               |          |                                       | NO H        | 25091545<br>NYWHET HI   | ) -                                     |
| 00078742285   |                   |          |                       |             |          |             |           |                               |          |                                       | ROLL        | S8  | 3                                       |
| GV HOT-DOO  |                   |          |                       |             |          |             |           |                               |          |                                       | -FLOW       | /ER7225915  | 4                                       |
| FLOWER787-<br>120Z  | 428550            |          |                       |             |          |             |           |                               |          |                                       | 110Z        |   | . <b>18</b>                             |
| FLO VM  |                   |          |                       |             |          |             |           |                               |          |                                       | FLO\        |   |   |
|   |                   |          |                       | 1.          | 24       | inch SHE    | LF in Bas | e [                           | -        | <del></del>                           |             |   | ISH.                                    |
|   |                   |          |                       |             |          |             |           |                               |          |                                       |             |   |   |

REGIONAL/SEASONAL SPACE MAY INCLUDE GEORGE WESTON BAKERIES AND/OR BMB FOODS AT THE STORE OF DEPT MANAGER'S DISCRETION THIS SPACE MAY ALSO BE USED DURING HOLIDAYS FOR SEASONAL ITEMS

| *** PLACE MODULAR SHELF L  | ABELS LEFT JUSTIFIED ********* SHADED ITEMS | ARE NEW TO YOUR STORE ***            |
|----------------------------|---|--------------------------------------|
| ब्रि 011701                | O DEL                                       |                                      |
| Implement Week: 05/04/2007 | WAL-MART STORES, INC CONFIDENTIAL           | Print Date & Time: 5/30/2007 6:13 AM |
| CONFIDENTIAL               |   | Bax 000142                           |

# IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

| CHARLES MORROW, MICHAEL OVERTON, JAMES MARTY SMITH, DWAYNE CLEVELAND, MICHAEL SMITH, MARK MURPHY, DOUG BRANCH, LEW BAXTER, RICKY SMALL, MELVIN SNOW, GREG PATISAUL and GARY CHAMBLISS, Individually and on behalf of similarly situated employees, | ) ) ) ) ) ) ) ) )                             |
|--|---|
| Plaintiffs,  | )<br>) CIVIL ACTION NO.:<br>) 3:07-CV-617-MHT |
| v.   | )   |
| FLOWERS FOODS, INC., FLOWERS   | )   |
| BAKING CO., OF OPELIKA, LLC, and   | <u>,</u>                                      |
| FLOWERS BAKING CO. OF  | ·<br>)  |
| THOMASVILLE, LLC,  | )   |
|  | )   |
| Defendants.  | )   |

# PLAINTIFF RICKY SMALL'S VERIFIED RESPONSES TO **DEFENDANTS' FIRST INTERROGATORIES**

COMES NOW the Plaintiff, Ricky Small, by and through his undersigned counsel, and hereby submits his objections and responses to Defendants' First Interrogatories to Plaintiff, as follows:

#### PRELIMINARY STATEMENT

Plaintiff reserves the right to modify, amend, or supplement these objections and responses at a later date. Plaintiff's responses are made without in any way waiving, but, on the contrary, expressly reserving: (1) the right to question or object to the authenticity, foundation, relevancy, materiality, privilege and admissibility of the information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this action; (2) the right to object to the introduction of these responses and objections into evidence in this action; and (3) the right to object on any ground at any time to other discovery involving the subject matter of the Interrogatories, or Plaintiff's responses and objections to the Interrogatories or the information produced in response to the Interrogatories.

Plaintiff remains available to meet and confer about the Interrogatories and their responses and objections thereto.

#### **GENERAL OBJECTIONS**

- 1. Plaintiff objects to each and every Interrogatory to the extent the request seeks information and/or the production of documents, which are subject to the attorney-client or other applicable privileges and accordingly entitled to protection. Nothing contained in these objections is intended as, or shall in any way be deemed, a waiver of such privilege or protection, or any other applicable privilege or doctrine.
- 2. Plaintiff objects to each and every Interrogatory to the extent the request seeks the information and/or production of documents which are attorney work product. Nothing contained in these objections is intended as, or shall in any way be deemed, a waiver of such privilege or protection, or any other applicable privilege or doctrine.
- 3. Plaintiff objects to each and every Interrogatory to the extent that the request purports to impose requirements upon Plaintiff beyond those authorized by the Federal Rules of Civil Procedure.
- 4. Plaintiff objects to each and every Interrogatory to the extent the request calls for Plaintiff to produce information and/or documents that are not reasonably calculated to lead to the discovery of admissible evidence.

- 5. Plaintiff objects to each and every Interrogatory to the extent the request calls for the production of information and/or documents that are not relevant to any of the issues and matters raised in the complaint.
- 6. Plaintiff objects to each and every Interrogatory to the extent the request calls for the production of information and/or documents that are outside the scope of discovery allowed.
- 7. Plaintiff objects to each and every Interrogatory to the extent the request is unduly burdensome and requires Plaintiff to go to extraordinary measures to produce said information and/or documents in violation of the Federal Rules of Civil Procedure.
- 8. Plaintiff objects to each and every Interrogatory to the extent the request calls for the creation of documents that are not now in existence.
- 9. Plaintiff objects to the Interrogatories to the extent the requests are vague, overbroad, and not limited in time and scope.
- 10. Plaintiff objects to the Interrogatories to the extent the requests, including all subparts exceed forty (40), the number which was agreed to by the parties in the Rule 26 Report.
- 11. The fact that Plaintiff has objected to any Interrogatory, or part thereof, should not be taken as an admission that the Interrogatory or the objection thereto constitutes admissible evidence.
- 12. The failure to object on a particular ground of grounds shall not be construed as a waiver of Plaintiff's right to objection on any additional ground(s). In addition to the general objections above, set forth below are Plaintiff's specific objections

to the Interrogatories. By setting forth specific objections, Plaintiff does not intend to limit, restrict, or waive the general objections set forth above.

#### **INTERROGATORIES**

1. Please state your full name, including middle name, and all nicknames or aliases by which you have been known.

## **ANSWER:**

#### Ricky Antonio Small

2. Please list the full address of all residences at which you have lived from July 2, 2004, to the present, specifying the dates you lived at each address.

#### **ANSWER:**

#### Birth to Present

- 3. Identify the following information concerning all employment and/or selfemployment you held prior to, or contemporaneously with, your independent distributor relationship with FBC of Opelika:
- (a) the name, address, and phone number of each employer and/or selfemployment arrangement;
  - (b) the dates of each period of employment and/or self-employment; and
- (c) The reason for leaving each employer and/or self-employment arrangement.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overbroad and not limited in time and scope. Subject to and without waiving the objection, Plaintiff responds as follows:

(a)

**(2)** 

Case 3:07-cv-00617-MHT-TFM

(b)

- **(1)** 1989 to 1998
- **(2)** 1985 to 1989
- (c)
- I took another job. **(1)**
- I took another job. **(2)**
- 4. Identify the following information concerning all employment and/or selfemployment you have held since your independent distributor relationship with FBC of Opelika ceased:
- The name, address, and phone number of each employer and/or self-(a) employment arrangement;
  - (b) The dates of each period of employment and/or self-employment; and
- (c) The reason for leaving any such employer and/or self-employment arrangement.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being unduly burdensome and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving the objection, Plaintiff responds as follows:

1.

(a) I do not know the location of the headquarters in My job was in

(c) The job ended.

2005

- 2.
- (a)

(b)

- (b) 2005 to 2006
- (b) I took another job.
- 3.
- (a)
- (b) 2006 to 2007
- (c) I took another job.
- 4.
- (a)

The job is currently in

- (b) 2007 to Present
- (c) Not Applicable.
- 5. Identify each person with knowledge, or who you believe has knowledge, of the facts alleged in your complaint, giving the count number(s) and paragraph(s) of which each person has knowledge, or you believe has knowledge.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overly broad, unduly burdensome and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff also objects to this Interrogatory as being premature. Discovery has yet to commence in this action and therefore any response is based on information in plaintiff's possession at the

time the complaint was drafted. Finally, Defendant already has within its possession all of the information sought by this request. Subject to and without waiving these objections, Plaintiff responds as follows:

Grady Messer, Fred Jeffco, Billie Reed, and Don Atkins all have knowledge of all of the facts alleged in my complaint.

6. Identify each person, other than your attorneys, with whom you have discussed the alleged unlawful acts and alleged damages set forth in your Complaint.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it is vague, overly broad, and not limited in time. Subject to and without waiving this objection, Plaintiff responds as follows:

I have not discussed any facts concerning this case with anyone other than my attorney.

7. Please state each item and amount of damages that you claim and an explanation of how you computed each item of damages, including any mathematical formula used.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to protection under the attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as being premature as discovery has yet to commence and Defendants have not yet produced any documents or data. Plaintiff does not yet have sufficient information to complete an accurate calculation of damages. Subject to and without waiving this objection, Plaintiff is seeking overtime pay plus interest, attorney fees and costs of litigation. Plaintiff reserves the right to supplement this response as discovery proceeds and as the Court's Scheduling Order permits.

8. Please identify each document pertaining to each item of damages stated in your response to Interrogatory No. 7 above.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to protection under the attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as being premature as discovery has yet to commence and Defendants have not yet produced any documents or data. Plaintiff does not yet have sufficient information to complete an accurate calculation of damages. Subject to and without waiving this objection, Plaintiff is seeking overtime pay plus interest,

attorney fees and costs of litigation. Plaintiff reserves the right to supplement this response as discovery proceeds and as the Court's Scheduling Order permits.

9. From July 2, 2004, until you ceased being a distributor for FBC of Opelika, identify all individuals who assisted you in operating your distributorship with FBC of Opelika, including the date(s) each such individual(s) assisted you.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

No person has assisted me in operating my distributorship.

10. Identify all persons providing information used to respond to these Interrogatories and/or FBC of Opelika's First Request for Production of Documents and/or all persons assisting in the development of the responses to these Interrogatories and/or FBC of Opelika's First Request for Production of Documents.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being premature as discovery has not yet commenced. In addition, Plaintiff objects to this Interrogatory to the extent it seeks information protected by attorney-client privilege or attorney work product doctrine. Subject to and without waiving this objection, Plaintiff responds as follows:

No person assisted me in responding to discovery.

- 11. Have you ever pleaded guilty or no contest/nolo contendere to, or been convicted of, any misdemeanor or any felony? If you answer is anything other than an unqualified "no," then state for each such offense, for which you have either been convicted or plead guilty, the following information:
  - (a) Nature of the offense;
  - (b) Date;
  - (c) Court, county, and state in which the matter was pending; and

(d) The disposition or sentence you were given.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as the information it seeks is overly broad, unduly burdensome, not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

No. I have never plead guilty or no contest to, or been convicted of, a misdemeanor or felony.

- 12. Have you ever been a party to, or witness in, any lawsuit or litigation? If you answer is anything other than an unqualified "no," then state for each case in which you were involved the following information:
- (a) The title and nature of the action and a brief description of your role or part in it;
  - (b) The names and addresses of the court and the case number;
  - (c) The names and addresses of all parties;
  - (d) The date the action was initiated:
  - (e) The nature of the allegations; and
  - (f) the verdict, judgment, or other outcome of the case.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as seeking information protected by the attorney-client privilege and the attorney work-product doctrine. Plaintiff also objects to this Interrogatory as the information is seeks is overly broad, unduly burdensome, not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff will respond with information relating to any employment litigation he has been involved in.

No. I have never been a party to, or witness in, any lawsuit or litigation.

If you, or your attorneys, paralegals, or other representatives or agents 13. ever took or received any statement, either orally or in writing, from any person who had any information or knowledge relevant to the alleged unlawful acts or alleged damages

set forth in your Complaint, identify each such person who provided a statement, provide the date of each statement, describe the substance of each statement, and identify the current custodian or custodians of such statement(s).

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as the information it seeks is privileged, not relevant, and not reasonably calculated to lead to discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

No statements have been taken to my knowledge, information or belief.

14. Identify all email addresses and hosting website addresses you have had and/or used for the period of July 2, 2004, to date, by providing: the e-mail address and the website address, the internet service provider for each address, the name under which the account was opened and maintained, the time period the account was open and used, and the account number for each account.

ANSWER: In addition to the general objections, Plaintiff objects to this interrogatory to the extent it seeks information that is not relevant or reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff will respond with any email sites used for his employment with Flowers:

None.

15. Identify all electronic communications devices you have had and/or used for the period July 2, 2004, to date, including the current location of each device. For all electronic devices no longer in your possession, provide the manner in which you disposed of each device and the date on which you disposed of each device.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is not relevant or reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff will provide the requested information for any communication devices used for his employment with Flowers:

Since July 2, 2004, I have had a cellular phone. It is no longer in my possession. I also had a pager, which has since been disconnected and returned to the service provider.

16. Since July 2, 2004, have you subscribed to or participated in any Internet newsgroup(s) or chat group(s) wherein any of the allegations on this action were discussed or otherwise communicated. If so, list all users and the services you subscribed to and/or participated in.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to the attorney-client privilege or the attorney work product doctrine. Subject to and without waiving this objection, Plaintiff responds as follows:

No.

17. Identify all accountant(s) and/or other persons, from July 2, 2004, until you ceased being a distributor for FBC of Opelika, who have assisted you with your books, financial statements, and/or tax returns, including address and phone number.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory for being overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving that objection, Plaintiff will produce information relating to any accountant(s) and/or other persons that assisted him with any accounting related to his employment at Flowers.

18. From July 2, 2004, until you ceased being a distributor for FBC of Opelika, identify all case accounts you have serviced, including address, phone number, and principal contact at such account.

ANSWER: Objection. Plaintiff objects to this Interrogatory as it is vague, overly broad, and the information sought is equally available to Defendants. Indeed, Defendants already have within their possession all of the information sought by this request. Without waiver of this objection, the case accounts I have serviced are:

**(1)** Real Pit BBQ

Contact: I do not recall

**(2) Country Store** I do not recall the address or phone number.

Contact: I do not recall.

(3) Amoco

Contact: I do no recall.

**(4)** McBride Hilltop Chevron

Contact: Jesse (I do not know full name)

**Dairy Dream** (5)

Contact: I do not recall.

Kozy Korner Café **(6)** 

Contact: I do not recall.

19. From July 2, 2004, until you ceased being a distributor for FBC of Opelika, identify all charge accounts you have serviced, including address, phone number, and principal contact at such account.

ANSWER: Objection. Plaintiff objects to this Interrogatory as it is vague, overly broad, and the information sought is equally available to Defendants. Indeed, Defendants already have within their possession all of the information sought by this request. Without waiver of this objection, the charge accounts I have serviced are:

**(1)** Winn-Dixie

Contact: I do not recall.

**(2) Bates Texaco** 

Contact: I do not recall.

(3) Bates House of Turkey, Inc.

Contact: I do not recall.

(4) Wal-Mart

Contact: I do not recall.

(5) Super Foods Grocery

Contact: I do not recall.

(6) Tom Thumb I do not recall the address or phone number.

Contact: I do not recall.

**(7) Piggly Wiggly** 

Contact: I do not recall.

Contact: I do not recall.

(9) Big Bear I do not recall the address or phone number.

Contact: I do not recall.

(10)Dollar General

Contact: I do not recall.

(11)**Dollar General** 

Contact: I do not recall.

20. From July 2, 2004, until you ceased being a distributor for FBC of Opelika, identify all delivery vehicle(s) you utilized in servicing your territory, including year, make, and model.

### ANSWER:

- **(1)** 1986 Chevy Silverado
- **(2)** 1987 Ford LTD
- (3) 1992 Chevy Lumina
- 1992 Chevy Step-van **(4)**

any a Wenn

#### OF COUNSEL:

THE LAW OFFICES OF GREG L. DAVIS 6987 Halcyon Park Drive Montgomery, Alabama 36117 334-832-9080 gldavis@knology.net

WHATLEY DRAKE & KALLAS, LLC 2001 Park Place North, Suite 1000 Birmingham, Alabama 35203 205-328-9576 Joe R. Whatley, Jr. (ASB-1222-Y69J) jwhatley@wdklaw.com Amy A. Weaver (ASB-6878-Y82A) aweaver@wdklaw.com

WHATLEY DRAKE & KALLAS, LLC 1540 Broadway, 37th Floor New York, New York, 10036 212-447-7007 Joseph P. Guglielmo iguglielmo@wdklaw.com

WOOD LAW FIRM, LLC 2900 1st Avenue South, Suite A Birmingham, Alabama 35233 205-612-0243 E. Kirk Wood (ASB-2937-W55E) ekirkwood1@cs.com

81/15/2008 13:02

18502984462

UNIVERSITY HETCHIS

LHOC ATI AT

### DATE

I swear and affirm that the answers to the interrogatories contained herein are true, complete and accurate to the best of my knowledge. I also understand it is my duty to promptly notify my attorney abould I later learn that any of the answers are incomplete, inaccurate, or misleading.

Swom to and subscribed before me this day of 2008 - 20076, a Notary Public in and for Montgomery County State of

My Commission Expires:

13

307d

PAGE 83

CESE F DYAIR 704H0679**6**07

3344097881 AFORTAFIN RTVTPA TRADA TY: 22 Ep:01 8002/91/19

y a Waver

## **CERTIFICATE OF SERVICE**

I hereby certify that on January 21, 2008, a copy of the foregoing was served on the following counsel via email and U.S. Mail:

Sandra B. Reiss Christopher W. Deering Ogletree, Deakins, Nash, Smoak, & Stewart, P.C. One Federal Place, Suite 1000 1819 Fifth Avenue North Birmingham, Alabama 35203-2118 205-328-1900 Sandra.Reiss@odnss.com Chris.Deering@odnss.com

Kevin P. Hishta David H. Grigereit Ogletree, Deakins, Nash, Smoak & Stewart, P.C. 600 Peachtree Street, NE **Suite 2100** Atlanta, Georgia 30308 404-881-1300 Kevin.Hishta@ogletreedeakins.com David.Grigereit@ogletreedeakins.com

# **EXHIBIT H**

# IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA

| CHARLES MORROW, MICHAEL OVERTON, JAMES MARTY SMITH, DWAYNE CLEVELAND, MICHAEL SMITH, MARK MURPHY, DOUG BRANCH, LEW BAXTER, RICKY SMALL, MELVIN SNOW, GREG PATISAUL and GARY CHAMBLISS, | )<br>)<br>)<br>)                             |
|--|--|
| Individually and on behalf of similarly  | )  |
| situated employees,  | )  |
| Plaintiffs,  | )<br>) CIVIL ACTION NO.<br>) 3:07-CV-617-MHT |
| v.   | )  |
| FLOWERS FOODS, INC., FLOWERS<br>BAKING CO., OF OPELIKA, LLC, and<br>FLOWERS BAKING CO. OF  | )<br>)<br>)                                  |
| THOMASVILLE, LLC,  | )  |
| Defendants.  | )  |
| Descudants.  | J  |

## PLAINTIFF MARK MURPHY'S VERIFIED RESPONSES TO <u>DEFENDANTS' FIRST INTERROGATORIES</u>

COMES NOW Plaintiff, Mark Murphy, by and through his undersigned counsel, and hereby submits his objections and responses to Defendants' First Interrogatories, as follows:

#### PRELIMINARY STATEMENT

Plaintiff reserves the right to change, amend, or supplement these objections and responses at a later date. Plaintiff's responses are made without in any way waiving, but, on the contrary, expressly reserving: (1) the right to question or object to the authenticity, foundation, relevancy, materiality, privilege and admissibility of the information produced in response to the Interrogatories in any subsequent proceeding in, or the trial of, this action; (2) the right to object to the introduction of these responses and objections

into evidence in this action; and (3) the right to object on any ground at any time to other discovery involving the subject matter of the Interrogatories, or Plaintiff's responses and objections to the Interrogatories or the information produced in response to the Interrogatories.

Plaintiff remains available to meet and confer about the Interrogatories and their responses and objections thereto.

#### **GENERAL OBJECTIONS**

- 1. Plaintiff objects to each and every Interrogatory to the extent the request seeks information and/or the production of documents, which are subject to the attorneyclient or other applicable privileges and accordingly entitled to protection. Nothing contained in these objections is intended as, or shall in any way be deemed, a waiver of such privilege or protection, or any other applicable privilege or doctrine.
- Plaintiff objects to each and every Interrogatory to the extent the request 2. seeks the information and/or production of documents which are attorney work product. Nothing contained in these objections is intended as, or shall in any way be deemed, a waiver of such privilege or protection, or any other applicable privilege or doctrine.
- 3. Plaintiff objects to each and every Interrogatory to the extent that the request purports to impose requirements upon Plaintiff beyond those authorized by the Federal Rules of Civil Procedure.
- Plaintiff objects to each and every Interrogatory to the extent the request 4. calls for Plaintiff to produce information and/or documents that are not reasonably calculated to lead to the discovery of admissible evidence.

- 5. Plaintiff objects to each and every Interrogatory to the extent the request calls for the production of information and/or documents that are not relevant to any of the issues and matters raised in plaintiff's complaint.
- 6. Plaintiff objects to each and every Interrogatory to the extent the request calls for the production of information and/or documents that are outside the scope of discovery allowed.
- 7 Plaintiff objects to each and every Interrogatory to the extent the request is unduly burdensome and requires Plaintiff to go to extraordinary measures to produce said information and/or documents in violation.
- 8. Plaintiff objects to each and every Interrogatory to the extent the request calls for the creation of documents that are not now in existence.
- Plaintiff objects to the Interrogatories to the extent the requests are vague,
   overbroad, and not limited in time and scope.
- 10. Plaintiff objects to the Interrogatories to the extent the requests number over forty (40), the number which was agreed to in the Rule 26 Report.
- 11. The fact that Plaintiff has objected to any Interrogatory, or part thereof, should not be taken as an admission that the Interrogatory or the objection thereto constitutes admissible evidence.
- 12. The failure to object on a particular ground of grounds shall not be construed as a waiver of Plaintiff's right to objection on any additional ground(s). In addition to the general objections above, set forth below are Plaintiff's specific objections to the Interrogatories. By setting forth specific objections, Plaintiff does not intend to limit, restrict, or waive the general objections set forth above.

### **INTERROGATORIES**

1. Please state your full name, including middle name, and all nicknames or aliases by which you have been known.

### ANSWER:

## Kerry Mark Murphy

Please list the full address of all residences at which you have lived from
 July 2, 2004, to the present, specifying the dates you lived at each address.

## ANSWER:

1990 to 2004

#### 2004 to Present

- 3. Identify the following information concerning all employment and/or selfemployment you held prior to, or contemporaneously with, your independent distributor relationship with FBC of Opelika:
- (a) the name, address, and phone number of each employer and/or selfemployment arrangement;
  - (b) the dates of each period of employment and/or self-employment; and
- (c) The reason for leaving each employer and/or self-employment arrangement.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overly broad, and not limited in time and scope. Subject to and without waiving this objection, Plaintiff responds as follows:

(a)

(1)

(2)

**(b)** 

- (1) 1995 to 2001
- (2) 2001 to 2002
- (c)
- (1) I needed a job with more pay.
- (2) I took another job.
- 4. Identify each person with knowledge, or who you believe has knowledge, of the facts alleged in your complaint, giving the count number(s) and paragraph(s) of which each person has knowledge, or you believe has knowledge.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overly broad, unduly burdensome and not reasonably calculated to lead to the discovery of admissible evidence. Plaintiff also objects to this Interrogatory as being premature. Discovery has yet to commence in this action and therefore any response is based on information in plaintiff's possession at the time the complaint was drafted. Additionally, Defendant already has within its possession all of the information sought by this request. Subject to and without waiving these objections, Plaintiff responds as follows:

David Earl has extensive knowledge of all the facts alleged in the complaint.

Identify each person, other than your attorneys, with whom you have
 discussed the alleged unlawful acts and alleged damages set forth in your Complaint.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being vague, overly broad, and not limited in time. Subject to and without waiving this objection, Plaintiff responds as follows:

I have not discussed any facts concerning this case with anyone other than my attorney.

 Please state each item and amount of damages that you claim and an explanation of how you computed each item of damages, including any mathematical formula used.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to protection under the attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as being premature as discovery has yet to commence and Defendants have not yet produced any documents or data. Plaintiff does not yet have sufficient information to complete an accurate calculation of damages. Subject to and without waiving this objection, Plaintiff is seeking overtime pay plus interest, attorney fees and costs of litigation. Plaintiff reserves the right to supplement this response as discovery proceeds and as the Court's Scheduling Order permits.

7. Please identify each document pertaining to each item of damages stated in your response to Interrogatory No. 6 above.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to protection under the attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as being premature as discovery has yet to commence and Defendants have not yet produced any documents or data. Plaintiff does not yet have sufficient information to complete an accurate calculation of damages. Subject to and without waiving this objection, Plaintiff is seeking overtime pay plus interest, attorney fees and costs of litigation. Plaintiff reserves the right to supplement this response as discovery proceeds and as the Court's Scheduling Order permits.

8. From July 2, 2004, to date, identify all individuals who assisted you in operating your distributorship with FBC of Opelika, including the date(s) each such individual(s) assisted you.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as being overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

David Earl, Terry Prather, and a man named Logan, whose full name I do not recall, have all assisted me with my distributorship with FBC of Opelika at some

point in time, when I was either sick or on vacation. I am unable to recall the dates that I was assisted by these individuals in operating my distributorship.

9. Identify all persons providing information used to respond to these Interrogatories and/or FBC of Opelika's First Request for Production of Documents and/or all persons assisting in the development of the responses to these Interrogatories and/or FBC of Opelika's First Request for Production of Documents.

ANSWER: In addition to the general objections, Plaintiff objects tot his Interrogatory as being premature as discovery has not yet commenced. In addition, Plaintiff objects to this Interrogatory to the extent it seeks information protected by attorney-client privilege or attorney work product doctrine. Subject to and without waiving these objections, Plaintiff responds as follows:

No person assisted me in responding to discovery.

- 10. Have you ever pleaded guilty or no contest/nolo contendere to, or been convicted of, any misdemeanor or any felony? If you answer is anything other than an unqualified "no," then state for each such offense, for which you have either been convicted or plead guilty, the following information:
  - (a) Nature of the offense;
  - (b) Date;
  - (c) Court, county, and state in which the matter was pending; and
  - (d) The disposition or sentence you were given.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as the information it seeks is overly broad, unduly burdensome, not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

No. I have not plead guilty or no contest to, or been convicted of any misdemeanor or felony.

- 11. Have you ever been a party to, or witness in, any lawsuit or litigation? If you answer is anything other than an unqualified "no," then state for each case in which you were involved the following information:
- (a) The title and nature of the action and a brief description of your role or part in it;
  - (b) The names and addresses of the court and the case number;
  - (c) The names and addresses of all parties;
  - (d) The date the action was initiated;
  - (e) The nature of the allegations; and
  - (f) the verdict, judgment, or other outcome of the case.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory as the information it seeks is overly broad, unduly burdensome, not relevant and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Pliantiff responds as follows:

#### No. I have not ever been a party to or witness in any lawsuit or litigation.

12. If you, or your attorneys, paralegals, or other representatives or agents ever took or received any statement, either orally or in writing, from any person who had any information or knowledge relevant to the alleged unlawful acts or alleged damages set forth in your Complaint, identify each such person who provided a statement, provide the date of each statement, describe the substance of each statement, and identify the current custodian or custodians of such statement(s).

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to attorney-client privilege or attorney work product doctrine. Plaintiff further objects to this Interrogatory as the information it seeks is privileged, not relevant, and not reasonably calculated to lead to discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

## No statements have been taken to my knowledge, information or belief.

13. Identify all email addresses and hosting website addresses you have had and/or used for the period of July 2, 2004, to date, by providing: the e-mail address and the website address, the internet service provider for each address, the name under which the account was opened and maintained, the time period the account was open and used, and the account number for each account.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is not relevant or reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff responds as follows:

#### None.

14. Identify all electronic communications devices you have had and/or used for the period July 2, 2004, to date, including the current location of each device. For all electronic devices no longer in your possession, provide the manner in which you disposed of each device and the date on which you disposed of each device.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is not relevant or reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff will provide the requested information for any communication devices used for his employment with Flowers.

I had a cellular phone for the period of July 2, 2004 to the present. The cellular phone remains in my possession.

15. Since July 2, 2004, have you subscribed to or participated in any Internet newsgroup(s) or chat group(s) wherein any of the allegations on this action were discussed or otherwise communicated. If so, list all users and the services you subscribed to and/or participated in.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory to the extent it seeks information that is subject to the attorney-client privilege or the attorney work product doctrine. Subject to and without waiving this objection, Plaintiff responds as follows:

None.

16. Identify all accountant(s) and/or other persons, from July 2, 2004, to date, who have assisted you with your books, financial statements, and/or tax returns, including address and phone number.

ANSWER: In addition to the general objections, Plaintiff objects to this Interrogatory for being overly broad, unduly burdensome, and not reasonably calculated to lead to the discovery of admissible evidence. Subject to and without waiving this objection, Plaintiff will produce information relating to any accountant(s) and/or other persons that assisted him with any accounting related to his employment with Flowers.

17. From July 2, 2004, to date, identify all cash accounts you have serviced, including address, phone number, and principal contact at such account.

ANSWER: Plaintiff objects to this Interrogatory as it is vague, overly broad, and the information sought is equally available to Defendants. Indeed, Defendants already have within their possession all of the information sought by this request. Without waiver of this objection, the cash accounts I have serviced are:

(1) Shell Food Mart

(I do not recall his full name)

(2) A & E Lakeside Petro

Contact: (I do not recall his full name)

| (3)  | Billy's Country Store                        |
|------|--|
|      |  |
|      | •  |
|      | Contact:                                     |
| (4)  | Estes Grocery                                |
|      | -  |
|      | Contact:                                     |
|      |  |
| (5)  | D J Bait & Tackle                            |
|      | •  |
|      | Contact: Larry (I do not know his full name) |
| (6)  | Biscuit Stop                                 |
|      |  |
|      |  |
|      | Contact: (I do not know her full name)       |
| (7)  | Family Kountry Korner                        |
|      | -  |
|      | Contact: I do not recall.                    |
| (8)  | West Point Trading Co.                       |
| ` ,  |  |
|      |  |
|      | Contact: I do not recall.                    |
| (9)  | Chevron Food Mart                            |
|      |  |
|      | Contact: I do not recall.                    |
| (10) | Chalk It Up Billiards                        |
| . ,  | -  |

(I do not know his full name)

Contact:

| (11)                          | Pony Express  |
|-------------------------------|---|
|                               |   |
|                               | Contact: I do not recall.   |
| (12)                          | Granger Corner  |
|                               |   |
|                               | Contact: I do not recall.   |
| 18.                           | From July 2, 2004, to date, identify all charge accounts you have serviced,   |
| including add                 | ress, phone number, and principal contact at such account.  |
| and the infor<br>Defendants a | VER: Plaintiff objects to this Interrogatory as it is vague, overly broad, mation sought is equally available to the Defendants. Indeed, lready have within their possession all of the information sought by Without waiver of this objection, the charge accounts I have serviced |
| (1)                           | Five Star Food Service  |
|                               | Contact:  |
| (2)                           | Kimberly Clark  |
|                               |   |
|                               | Contact: (I do not recall her full name)  |
| (3)                           | Parmer Brothers Grocery Store   |
|                               | 1<br>   |
|                               | Contact:  |
| (4)                           | Money Back  |
|                               |   |

|             | Contact: 1 do not recall.  |
|-------------|--|
| (5)         | Money Back   |
|             |  |
|             | Contact:   |
| (6)         | CVS  |
|             | - · · ·  |
|             | Contact: I do not recall.  |
| (7)         | Piggly Wiggly  |
|             | -  |
|             | Contact:   |
| (8)         | Burger King  |
|             | -  |
|             | Contact:   |
| (9)         | Dollar General   |
|             |  |
|             | Contact: (I do not recall his full name)                                     |
| (10         |  |
| (20         | , I attiviayo centor   |
|             | Combooks   |
|             | Contact:   |
| 19.         | From July 2, 2004, to date, identify all delivery vehicle(s) you utilized in |
| servicing y | our territory, including year, make, and model.                              |
|             |  |

ANSWER:

amy a Weaver

- **(1)** 1995 Isuzu Box Truck
- 2001 Ford F-150 **(2)**
- **(3)** 1999 Dodge Durango
- (4) 2001 Nissan Maxima

#### **OF COUNSEL:**

THE LAW OFFICES OF GREG L. DAVIS 6987 Halcyon Park Drive Montgomery, Alabama 36117 334-832-9080 gldavis@knology.net

WHATLEY DRAKE & KALLAS, LLC 2001 Park Place North, Suite 1000 Birmingham, Alabama 35203 205-328-9576 Joe R. Whatley, Jr. (ASB-1222-Y69J) jwhatley@wdklaw.com Amy A. Weaver (ASB-6878-Y82A) aweaver@wdklaw.com

WHATLEY DRAKE & KALLAS, LLC 1540 Broadway, 37th Floor New York, New York, 10036 212-447-7007 Joseph P. Guglielmo jguglielmo@wdklaw.com

WOOD LAW FIRM, LLC 2900 1st Avenue South, Suite A Birmingham, Alabama 35233 205-612-0243 E. Kirk Wood (ASB-2937-W55E) ekirkwood1@cs.com

# OATH

I swear and affirm that the answers to the interrogatories contained herein are true, complete and accurate to the best of my knowledge. I also understand it is my duty to promptly notify my attorney should I later learn that any of the answers are incomplete, inaccurate, or misleading.

Kerry Mark Murphy

Sworn to and subscribed before me this haday of Ghuah u
200%, a Notary Public in and for Life Min. County, State of Alabama

Notary Public

My Commission Expires:

NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES: Oct 12, 2911 BONDED THRU NOTARY PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION EXPIRES TO THE PUBLIC STATE OF ALABAMA AT LARGE MY COMMISSION OF ALABAMA AT LARGE MY COMISSION OF ALABAMA AT LARGE MY COMMISSION OF ALABAMA AT LARGE MY COMMISSION OF ALAB

# **CERTIFICATE OF SERVICE**

I hereby certify that on January 21, 2008, a copy of the foregoing was served on the following counsel via email and U.S. Mail:

Sandra B. Reiss
Christopher W. Deering
Ogletree, Deakins, Nash, Smoak, & Stewart, P.C.
One Federal Place, Suite 1000
1819 Fifth Avenue North
Birmingham, Alabama 35203-2118
205-328-1900
Sandra.Reiss@odnss.com
Chris.Deering@odnss.com

Kevin P. Hishta
David H. Grigereit
Ogletree, Deakins, Nash, Smoak & Stewart, P.C.
600 Peachtree Street, NE
Suite 2100
Atlanta, Georgia 30308
404-881-1300
Kevin.Hishta@ogletreedeakins.com
David.Grigereit@ogletreedeakins.com